

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90044 039 ****61.26

DOCUMENT # 709157

1. Entity Name
BEVERLY PARK CIVIC ASSOCIATION, INC.



Principal Place of Business
**6320 WILEY ST
HOLLYWOOD, FL 33023 US**

Mailing Address
**6320 WILEY ST
HOLLYWOOD, FL 33023 US**



01262005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7358281

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GAITHER, KATHRYN S
6320 WILEY ST
HOLLYWOOD, FL 33023**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CHAMBERLIN, JOHN
6441 FUNSTON ST
HOLLYWOOD, FL 33023**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
GAITHER, KAY
6320 WILEY ST
HOLLYWOOD, FL 33023**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
BESS, ELAINE
6340 DAWSON ST
HOLLYWOOD, FL 33023**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elaine Bess **Elaine Bess, Treasurer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 January 2005

Date

Daytime Phone #