

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 714057

1. Entity Name
HOLLYWOOD STAMP CLUB, INC.



Principal Place of Business
**HOLLYWOOD RECREATION CTR
2030 POLK ST
HOLLYWOOD, FL 33020 US**

Mailing Address
**6864 NW 26TH TERRACE
FORT LAUDERDALE, FL 33309**



01052008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-7128686	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WARREN, RICHARD S
777 NW 123RD DR
CORAL SPRINGS, FL 33071**

**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, 2008**

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	T WARREN, RICHARD S 777 NW 123RD DR CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEVAK, MAU S 11733 SW 57 ST COOPER CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KALB, ROBERT 900 90TH ST SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RHODES, JACQUILINE E 4900 N OCEAN BLVD APT 1611 FORT LAUDERDALE, FL 333082938
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS GUSS, MAYNARD 9593 N.W. 26 PLACE SUNRISE, FL 333222738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBD SHALLENBERGER, KARL 6864 N.W. 26 TERRACE FORT LAUDERDALE, FL 33309

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01/15/08-80046-011 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-08 954 575 3326