

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **727200** (8)

1. Corporation Name

DEERFIELD BEACH HISTORICAL SOCIETY INC



Principal Place of Business

"BUTLER HOUSE"
380 E HILLSBORO BLVD
DEERFIELD BCH FL 33441
US

Mailing Address

PO BOX 755
DEERFIELD BEACH FL 33443
US

3. Date Incorporated or Qualified
08/17/1973

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

4. FEI Number
23-7354099

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARY O. MOWRY
1351 BANYAN RD.
BOCA RATON FL 33432

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD
NAME PIATO, KATHLEEN
STREET ADDRESS 291 N.W. 48TH AVE.
CITY-ST-ZIP DEERFIELD BEACH FL ☒ DELETE

1.1 TITLE VPD
1.2 NAME Judy Wilson
1.3 STREET ADDRESS 328 S.E. 2nd Ct.
1.4 CITY-ST-ZIP Deerfield Beach FL 33441 ☒ Change ☐ Addition

TITLE SD
NAME DUNCOMBE, CONNIE
STREET ADDRESS 1260 N.E. 23RD PLACE
CITY-ST-ZIP POMPANO BEACH FL ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD
NAME COLLIER, RAY
STREET ADDRESS 71 S.E. 4TH AVE.
CITY-ST-ZIP DEERFIELD BEACH FL ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME HOISINGTON, E.E
STREET ADDRESS 1427 E. HILLSBORO BLVD. #629
CITY-ST-ZIP DEERFIELD BEACH FL ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ED
NAME MOWRY, MARY O.
STREET ADDRESS 1351 BANYAN RD.
CITY-ST-ZIP BOCA RATON FL ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary O. Mowry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary O. Mowry, Director, 29th 1996, 305-429-
Date Daytime Phone

CR2E037 (12/95)