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 # **729376** **(4)**

1. Corporation Name

THE HOLLYWOOD HISTORICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
[redacted] 1520 POLK STREET HOLLYWOOD FL 33020 US	P.O. BOX 222755 [redacted] HOLLYWOOD FL 33022-2755 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified	3a. Date of Last Report
04/15/1974	05/01/1995

4. FEI Number: 59-1685570 ☐ 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

KINCAID, SUZANNE
1442 POLK ST
[redacted]
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name

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

83 300001868683
-06/20/96--01017--047
***61.25

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: Suzanne Kincaid Suzanne Kincaid 1st VICE Pres. 5-1-96
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	S	☒ DELETE	1.1 TITLE	V.P.	☒ Change ☐ Addition
NAME	KINCAID, SUZANNE		1.2 NAME	Kincaid Suzanne	
STREET ADDRESS	1442 POLK ST		1.3 STREET ADDRESS	1442 Polk St.	
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP	Hollywood, Fl. 33020	
TITLE	T	☒ DELETE	2.1 TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	CHORAK, MICHELE		2.2 NAME	COTHER Patrick C	
STREET ADDRESS	2006 N 37 AVE		2.3 STREET ADDRESS	2620 NE 212 Terr	
CITY-ST-ZIP	HOLLYWOOD FL		2.4 CITY-ST-ZIP	No. Miami Beach, Fl 33180-1122	
TITLE	V	☒ DELETE	3.1 TITLE	(2) Tres.	☐ Change ☒ Addition
NAME	CHORAK, RICHARD B		3.2 NAME	Sterritt Dorothe	
STREET ADDRESS	2006 N 37 AVE		3.3 STREET ADDRESS	4040 N. Hills Dr. #6 33021	
CITY-ST-ZIP	HOLLYWOOD FL		3.4 CITY-ST-ZIP	Hollywood, Fl.	
TITLE	V	☐ DELETE	4.1 TITLE	(3)	☒ Addition
NAME	KINCAID, JAMES G		4.2 NAME	ORR, James	
STREET ADDRESS	1442 POLK ST		4.3 STREET ADDRESS	2463 Washington St.	
CITY-ST-ZIP	HOLLYWOOD FL		4.4 CITY-ST-ZIP	Hollywood, FL, 33020	
TITLE	D	☒ DELETE	5.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	BLACKWELDER, MAY		5.2 NAME	Blackwelder Mary	
STREET ADDRESS	1553 ADAMS ST		5.3 STREET ADDRESS	1533 Adams St.	
CITY-ST-ZIP	HOLLYWOOD FL		5.4 CITY-ST-ZIP	Hollywood, Fl 33020	
TITLE	D	☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME (1)	CUMMINGS, STEPHEN		6.2 NAME	WILSON, Douglas	6/19
STREET ADDRESS	620 S. PARK RD., 232		6.3 STREET ADDRESS	1547 Adams St.	
CITY-ST-ZIP	HOLLYWOOD FL		6.4 CITY-ST-ZIP	Hollywood, FL, 33020	

CR2E037 (12/95)

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: Patrick C Cother 05-01-96 (305) 932-7408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Patrick C Cother PRESIDENT