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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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
1520 POLK STREET HOLLYWOOD FL 33020 US	P.O. BOX 222755 HOLLYWOOD FL 33022-2755 US

3. Date Incorporated or Qualified: 04/15/1974
3a. Date of Last Report: 06/19/1996

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

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
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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE	PRES.	☑ Change ☐ Addition
NAME	KINCAID, SUZANNE		1.2 NAME	BLACKWELDER, MARY	
STREET ADDRESS	1442 POLK ST		1.3 STREET ADDRESS	1553 ADAMS ST	
CITY-ST-ZIP	HOLLYWOOD FL 33020		1.4 CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	D	☐ DELETE	2.1 TITLE	S	☐ Change ☑ Addition
NAME	WILSON, DOUGLAS		2.2 NAME	FRETIGNY, NICOLE	
STREET ADDRESS	1547 ADAMS ST.		2.3 STREET ADDRESS	1442 WASHINGTON ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33020		2.4 CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	ORR, JAMES		3.2 NAME	MABEL HOLLEGER	
STREET ADDRESS	2463 WASHINGTON ST.		3.3 STREET ADDRESS	431 S.E. 3RD ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33020		3.4 CITY-ST-ZIP	DANIA, FL 33004	
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KINCAID, JAMES G		4.2 NAME		
STREET ADDRESS	1442 POLK ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		4.4 CITY-ST-ZIP		
TITLE	S	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BLACKWELDER, MAY		5.2 NAME		
STREET ADDRESS	1553 ADAMS ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		5.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CUMMINGS, STEPHEN		6.2 NAME		
STREET ADDRESS	620 S. PARK RD., 232		6.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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 [illegible] Blackwelder REQUIRED Apr. 23, 1997 [illegible]723-1632
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0023549

MARY BLACKWELDER, PRESIDENT