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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

KINCAID, SUZANNE
1442 POLK ST
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		☐ Change ☐ Addition
NAME	KINCAID, SUZANNE		1.2 NAME		
STREET ADDRESS	1442 POLK ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, DOUGLAS		2.2 NAME		
STREET ADDRESS	1547 ADAMS ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ORR, JAMES		3.2 NAME		
STREET ADDRESS	2463 WASHINGTON ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020		3.4 CITY-ST-ZIP		
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	P	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BLACKWELDER, ~~MAY~~ MARY		5.2 NAME		
STREET ADDRESS	1533 ADAMS ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HOLLEGER, MABEL		6.2 NAME		
STREET ADDRESS	431 SE 3RD ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	DANIA FL 33004		6.4 CITY-ST-ZIP		

14. 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 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: [signature] 1-17-98 (954) 923-5590

CR2E037 (10/97)