

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 729376					
1. Corporation Name THE HOLLYWOOD HISTORICAL SOCIETY, INC.					
Principal Place of Business 1520 POLK STREET HOLLYWOOD FL 33020 US			Mailing Address P.O. BOX 222755 HOLLYWOOD FL 33022-2755 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <i>as above</i>		26 <i>as above</i>		04/15/1974	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 <i>Hollywood, Florida</i>		27 <i>Hollywood, FLORIDA</i>		59-1685570	
City & State		City & State		Applied For	
23 <i>33020 U.S.A.</i>		28 <i>33020 U.S.A.</i>		Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24 ☐ 25 ☐		29 ☐ 30 ☐		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
				Trust Fund Contribution ☐	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KINCAID, SUZANNE 1442 POLK ST HOLLYWOOD FL 33020				81 Name Jones, Michael			
				82 Street Address (P.O. Box Number is Not Acceptable) 8967 S.W. 53rd Street			
				83			
				84 City Cooper City FL 85 Zip Code 33328			

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 617.0903, Florida Statutes.

SIGNATURE **Michael Jones** *Michael Jones* DATE **1/25/99**

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	JONES, MICHAEL
STREET ADDRESS	1442 POLK ST	1.3 STREET ADDRESS	8967 S.W. 53rd St.
CITY-ST-ZIP	HOLLYWOOD FL 33020	1.4 CITY-ST-ZIP	Cooper City, FL 33328
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	ED VERRET
STREET ADDRESS	1442 POLK ST	4.3 STREET ADDRESS	1329 TYLER ST.
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP	HOLLYWOOD FL 33020
TITLE	P ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BLACKWELDER, 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Michael Jones* **Michael Jones** (954) 961-9401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)