

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000000608**

1. Entity Name  
**HISTORICAL SOCIETY OF PARKLAND FLORIDA INC.**



Principal Place of Business  
**6500 PARKSIDE DRIVE  
PARKLAND, FL 33067**

Mailing Address  
**6600 UNIVERSITY DRIVE  
PARKLAND, FL 33067 US**



02042008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1048501**

Applied For  
Not Applicab

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

**6. Name and Address of Current Registered Agent**

**BOCKHOLD, H.J.  
7373 N.W. 82ND TERRACE  
PARKLAND, FL 33067-1099**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T 1Q BOCKHOLD, JULIE 7373 N.W. 82ND TER., PARKLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOCKHOLD, H.J. 7373 NW 82ND TERR PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORAN, ANGELA 7999 NW 82ND TERRACE PARKLAND, FL 33067
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000824497  
02/20/08-80082-001 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address. With an other like empowered.

24/8 954 344 7601