


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90005 019 \*\*\*\*61.25

|  |   |
|--|---|
| <b>DOCUMENT # N02000005951</b><br>1. Entity Name<br><b>OAKLAND PARK HISTORICAL SOCIETY, INC.</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>C/O RMS ACCOUNTING<br>2319 N ANDREWS AVENUE<br>FORT LAUDERDALE, FL 33311 | Mailing Address<br>C/O RMS ACCOUNTING<br>2319 N ANDREWS AVENUE<br>FORT LAUDERDALE, FL 33311 |
|---|---|

|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |
| City & State                                   | City & State        |
| Zip  | Country             |

|  |                                |
|--|--------------------------------|
|  |                                |
| 03032007 Chg-NP  | CR2E037 (12/06)                |
| 4. FEI Number<br>13-4206740  | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/>                          | \$8.75 Additional Fee Required |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><br>ROYALE MANAGEMENT SERVICES, INC.<br>2319 N ANDREWS AVENUE<br>FORT LAUDERDALE, FL 33311 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |
|---|--|

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

|   |   |  |  |
|---|---|--|--|
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2007</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be</b><br><b>Added to Fees</b> | <b>Make check payable to</b><br><b>Florida Department of State</b> |
|---|---|--|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>SHROUT, RENEE M<br>666 NW 43 STREET<br>OAKLAND PARK, FL 33309 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PD<br>Scheckwitz, Terry<br>1541 NE 34 COURT<br>Oakland Park, FL 33334 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HENRY, FRED<br>315 NW 40 COURT<br>OAKLAND PARK, FL 33309 <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>POWELL, JOANNE<br>702 NE 33 STREET<br>OAKLAND PARK, FL 33334 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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 all other like empowered.

*Joanne Powell*  
*Joanne Powell, Treasurer*  
Signature

*3/5/07*  
Date

*(954) 564-3416*  
Telephone Number