2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State
02-19-2008 90017 025 ****61.25

DOCUMENT # N02000005951

1. Entity Name
OAKLAND PARK HISTORICAL SOCIETY, INC.

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

02112008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Joanne Powell	Joanne Powell
Suite, Apt. #, etc. 702 NE 33rd Street	Suite, Apt. #, etc. 702 NE 33rd Street
City & State Oakland Park, FL	City & State Oakland Park, FL
Zip / Country 33334-2744 / U.S.A.	Zip / Country 33334-2744 / U.S.A.

4. FEI Number
13-4206740
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROYALE MANAGEMENT SERVICES, INC. 2319 N ANDREWS AVENUE FORT LAUDERDALE, FL 33311	Name: Joanne Powell Street Address (P.O. Box Number is Not Acceptable) 702 NE 33rd Street City: Oakland Park FL Zip Code: 33334-2744

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: Joanne H. Powell 2/14/08
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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCHECKWITZ, TERRY 1541 NE 34 COURT OAKLAND PARK, FL 33334	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HENRY, FRED 315 NW 40 COURT OAKLAND PARK, FL 33309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD POWELL, JOANNE 702 NE 33 STREET OAKLAND PARK, FL 33334	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE: Joanne Powell, TD 2/14/08 954)564-3416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #