2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004022

FILED May 15, 2009 Secretary of State

Entity Name: GREATER HOLLYWOOD ARTS FOUNDATION, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	TH FEDERAL HWY DOD, FL 33020			
Current M	lailing Address:	New Mail	ing Address:	
PO BOX 2 HOLLYW(20810 DOD, FL 33022			
In accordan	: 36-4572716 FEI Number Applied For() FEI I ce with s. 607.193(2)(b), F.S., the corporation did not receiv I Address of Current Registered Agent:	-	()	
A1A REGI 5647 110T ROYAL PA	STERED AGENT INC. HAVE. NORTH ALM BEACH, FL 334110000 US named entity submits this statement for the purpose			
	e of Florida.			
SIGNATUI	RE: Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete MORRISON, SAMUEL F 1317 NE 2ND STREET FT. LAUDERDALE, FL 33301	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete GALLO, JULIO F 1441 BRICKELL AVENUE 3RD FLOOR MIAMI, FL 33131	Title: Name: Address: City-St-Zip:	T (X) Change () Addition KOSLOW, ALAN 3111 STIRLING ROAD FT. LAUDERDALE, FL 33312	
Title: Name: Address: City-St-Zip:	C () Delete BEST, SUSAN 1120 TYLER STREET HOLLYWOOD, FL 33019	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T (X) Delete KOSLOW, ALAN 3111 STIRLING ROAD FT. LAUDERDALE, FL 33312	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P (X) Delete SHULMAN, STEVEN E 330 NORTH FEDERAL HWY HOLLYWOOD, FL 33020	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VC (X) Delete MILLER, CYNTHIA B 1740 SOUTH YOUNG CIR HOLLYWOOD, FL 33020	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN BEST C 05/15/2009