

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N95000002972 (6)**

**CITY OF HOLLYWOOD MUNICIPAL RETIREES ASSOCIATION, INC.**



Principal Place of Business: **2643 TAYLOR STREET HOLLYWOOD FL 33020**  
Mailing Address: **2643 TAYLOR STREET HOLLYWOOD FL 33020**

3. Date Incorporated or Qualified: **06/22/1995**  
3a. Date of Last Report

21. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

4. FEI Number	Applied For
<b>65-0602426</b>	<input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent  
**CASSIDY, JOHN T  
2643 TAYLOR STREET  
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent  
81 Name: **CASSIDY, John T.**  
82 Street Address (P.O. Box Number is Not Acceptable): **5819 SW 26 STREET**  
83  
84 City: **Hollywood** FL 85 Zip Code: **33023**

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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature, typed or printed name of registered agent, and title if applicable. (NOT: Registered Agent signature required when reappointing.) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>WESTFALL, JOHN</b>	
STREET ADDRESS	<b>5819 SW 26TH STREET</b>	
CITY - ST - ZIP	<b>HOLLYWOOD FL 33023</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>HARMS, WILLIAM</b>	
STREET ADDRESS	<b>2822 PLUNKETT STREET</b>	
CITY - ST - ZIP	<b>HOLLYWOOD FL 33020</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>CASSIDY, JOHN T</b>	
STREET ADDRESS	<b>2643 TAYLOR STREET</b>	
CITY - ST - ZIP	<b>HOLLYWOOD FL 33020</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **JOHN FRANCIS WESTFALL**  
*John Francis Westfall*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: **3-8-96** Daytime Phone #: **954-966-0710**

CR2E037 (12/95)