

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: Suite, Apt. #, etc., City & State, Zip, Country
22. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country
23. City & State
24. Zip, Country
25. Zip, Country
26. Suite, Apt. #, etc., City & State, Zip, Country
27. Suite, Apt. #, etc., City & State, Zip, Country
28. City & State
29. Zip, Country
30. Zip, Country

4. FEI Number: 65-0602426
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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: 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] DATE: [Date]

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

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGE	ADDITION
1.1 TITLE:		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME:			
1.3 STREET ADDRESS:			
1.4 CITY-ST-ZIP:			
2.1 TITLE:		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME:			
2.3 STREET ADDRESS:			
2.4 CITY-ST-ZIP:			
3.1 TITLE:		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME:			
3.3 STREET ADDRESS:			
3.4 CITY-ST-ZIP:			
4.1 TITLE:		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME:			
4.3 STREET ADDRESS:			
4.4 CITY-ST-ZIP:			
5.1 TITLE:		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME:			
5.3 STREET ADDRESS:			
5.4 CITY-ST-ZIP:			
6.1 TITLE:		<input type="checkbox"/>	<input type="checkbox"/>
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: [Signature] DATE: 3-8-96 DAYTIME PHONE: 954-966-0710

CR2E037 (12/95)