

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

FILED  
May 08 1997 8:00am  
Secretary of State

DOCUMENT # N9500002972(6)  
1. Corporation Name  
City of Hollywood Municipal Retirees Association, Inc.

Principal Place of Business Mailing Address  
5819 S.W. 26 Street Hollywood, FL 33023  
5819 S.W. 26 Street Hollywood, FL 33023

3. Date Incorporated or Qualified 6/22/95  
3a. Date of Last Report April '96

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	65-0602426	Not Applicable
22	City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81	Name	John Francis Westfall	
82	Street Address (P.O. Box Number is Not Acceptable)	5819 S.W. 26 Street	
83	City	Hollywood	
84	State	85	Zip Code
	FL		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: John Francis Westfall John Francis Westfall, Treasurer 4/23/97  
(Signature type of period name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DAY

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Treasurer <input type="checkbox"/> DELETE	1.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Francis Westfall TD	1.2 NAME	Tim McVeigh SD
STREET ADDRESS	5819 SW 26 Street	1.3 STREET ADDRESS	4316 Van Buren Street
CITY-STATE-ZIP	Hollywood, FL 33023	1.4 CITY-STATE-ZIP	Hollywood, FL 33021
TITLE	Vice President/Secretary <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harms, William VD	2.2 NAME	Richard Templeton
STREET ADDRESS	3822 Alunka H St.	2.3 STREET ADDRESS	5706 NE 15 Avenue
CITY-STATE-ZIP	Hollywood, FL 33020	2.4 CITY-STATE-ZIP	Ft. Lauderdale, FL 33334
TITLE	Cassidy, John T. <input checked="" type="checkbox"/> DELETE	3.1 TITLE	President PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Pat Mason
STREET ADDRESS	2643 Taylor St.	3.3 STREET ADDRESS	4982 NW 91 Terrace
CITY-STATE-ZIP	Hollywood, FL 33020	3.4 CITY-STATE-ZIP	Sunrise, FL 33351
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	100002182881
STREET ADDRESS		6.3 STREET ADDRESS	-05/19/97--01060--011
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	***61.25

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 4/23/97 954-966-0710  
(Signature and typed or printed name of signing officer or director) Date Daytime Phone #

CR2E037 (9/96)