

FILE NOW: FILING FEE IS \$61.25

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Jan 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000002972 (6)
 1. Corporation Name
CITY OF HOLLYWOOD MUNICIPAL RETIREES ASSOCIATION, INC.



Principal Place of Business 5819 S.W. 26 STREET HOLLYWOOD FL 33023	Mailing Address 5819 S.W. 26 STREET HOLLYWOOD FL 33023
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3. Date Incorporated or Qualified 06/22/1995	Applied For Not Applicable
4. FEI Number 65-0602426	
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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

WESTFALL, JOHN F
5819 SW 26 STREET
HOLLYWOOD FL 33023

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD WESTFALL, JOHN 5819 SW 26TH STREET HOLLYWOOD FL 33023	1.1 TITLE	TD WESTFALL, EDNA G. 5819 SW 26 ST. Hollywood FL 33023
NAME	SD MCVEIGH, TIM 4316 VAN BOREN STREET HOLLYWOOD FL 33021	1.2 NAME	
STREET ADDRESS	VPD TEMPLETON, RICHARD 5706 NE 15 AVENUE FT. LAUDERDALE FL 33334	1.3 STREET ADDRESS	
CITY-ST-ZIP	PD MASON, PAT 4982 NW 91 TERRACE SUNRISE FL 33351	1.4 CITY-ST-ZIP	
		2.1 TITLE	
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	VPD HARMS, WILLIAM 2822 PLUNKETT ST. Hollywood, FL 33020
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I 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 F. Westfall 1/22/98 954-966-0710
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0029471

CR2E037 (10/97)