

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000002972

**FILED  
Sep 28, 2004  
Secretary of State**

**Entity Name:** CITY OF HOLLYWOOD MUNICIPAL RETIREES ASSOCIATION, INC.

**Current Principal Place of Business:**

5819 S.W. 26 STREET  
HOLLYWOOD, FL 33023

**New Principal Place of Business:**

**Current Mailing Address:**

5819 S.W. 26 STREET  
HOLLYWOOD, FL 33023

**New Mailing Address:**

**FEI Number:** 65-0602426      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WESTFALL, JOHN F  
5819 SW 26 STREET  
HOLLYWOOD, FL 33023      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TD      ( ) Delete  
Name: WESTFALL, EDNA G  
Address: 5819 SW 26TH STREET  
City-St-Zip: HOLLYWOOD, FL 33023

Title: SD      ( ) Delete  
Name: WESTFALL, EDNA G  
Address: 5819 SW 26 ST  
City-St-Zip: HOLLYWOOD, FL 33023

Title: VPD      ( ) Delete  
Name: MCVEIGH, TERRY  
Address: 4316 VAN BUREN ST  
City-St-Zip: HOLLYWOOD, FL 33021

Title: PD      ( ) Delete  
Name: WESTFALL, JOHN F  
Address: 5819 SW 26 ST  
City-St-Zip: SUNRISE, FL 33351

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD      (X) Change ( ) Addition  
Name: ARCHER, SAM  
Address: 1540 N 71 AVENUE  
City-St-Zip: HOLLYWOOD, FL 33024

Title: PD      (X) Change ( ) Addition  
Name: WESTFALL, JOHN F  
Address: 5819 SW 26 ST  
City-St-Zip: HOLLYWOOD, FL 33023

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: EDNA G. WESTFALL

SD

09/28/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date