

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

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90016 004 ****61.25

DOCUMENT # N97000004732

1. Entity Name
GREATER NORTH MIAMI HISTORICAL SOCIETY, INC.



Principal Place of Business
13100 WEST DIXIE HIGHWAY
NORTH MIAMI, FL 33161

Mailing Address
13100 WEST DIXIE HIGHWAY
NORTH MIAMI, FL 33161

44003330



01262004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0778778	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable
\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

VALENTINE, DOROTHY D
13100 WEST DIXIE HIGHWAY
NORTH MIAMI, FL 33161

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Dorothy D. Valentine*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALVIN, SCOTT 13506 N E 24 CT N MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD O'HEARN, GLENN 110 NE 131 ST NO MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VALENTINE, WILLIAM R 740 NE 130 ST NO MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dorothy D. Valentine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DOROTHY D. VALENTINE

1-26-04 305 8917811
Date Daytime Phone #