

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 721105 (5)

1. Corporation Name

SERVICE AGENCY FOR SENIOR CITIZENS OF BROWARD COUNTY, INC.



Principal Place of Business: 1164 E. OAKLAND PARK BLVD. #214 FT LAUDERDALE FL 33334
Mailing Address: 1164 E. OAKLAND PARK BLVD. #214 FT LAUDERDALE FL 33334

3. Date Incorporated or Qualified 06/07/1971	3a. Date of Last Report 02/27/1995
4. FEI Number 59-1360227	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" 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 KRAMER, ELLEN 2419 E. COMMERCIAL BLVD. SUITE 308 FT. LAUDERDALE FL 33308	10. Name and Address of New Registered Agent 81 Name SHARON F. ROSS 82 Street Address (P.O. Box Number is Not Acceptable) 1164 E. OAKLAND PARK BLVD., SUITE 214 83 84 City FT. LAUDERDALE FL 85 Zip Code 33334
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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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE *Sharon F. Ross* **SHARON F. ROSS, EXECUTIVE DIRECTOR** DATE **MARCH 1, 1996**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANDT, ANN S	1.2 NAME	
STREET ADDRESS	7560 PLANTATION, RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITTAKER, IRIS	2.2 NAME	
STREET ADDRESS	3323 W. COMMERCIAL BLVD., #200	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENSTEIN, SHERWIN	3.2 NAME	
STREET ADDRESS	2120 N. 49TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALLWASSER, TERI K	4.2 NAME	
STREET ADDRESS	200 SOUTH BISCAYNE BLVD #200	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRASCA, DOMENICA E	5.2 NAME	
STREET ADDRESS	2400 E. COMMERCIAL BLVD. #820	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 *Ann S Brandt PhD* **ANN S. BRANDT, PHD.** DATE **MARCH 1, 1996** PHONE **954-749-1505**

CR2E037 (12/95)