

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 25 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE, Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 721105
1. Corporation Name
SERVICE AGENCY FOR SENIOR CITIZENS OF BROWARD COUNTY, INC

Principal Place of Business 2691 E. Oakland Park Blvd. Suite 202 Fort Lauderdale, FL 33306	Mailing Address 2691 E. Oakland Park Blvd. Suite 202 Fort Lauderdale, FL 33306
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21 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22 Suite, Apt. #, etc. 27 City & State 28 Zip Country	23 City & State 24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country
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3. Date Incorporated or Qualified 06/07/1971	3a. Date of Last Report 03/01/1996
4. FEI Number 59-1360227	Applied For 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	

9. Name and Address of Current Registered Agent
Sharon F. Ross
2691 E. Oakland Park Blvd
Suite 202
Fort Lauderdale, FL 33306

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: *Sharon F. Ross* **Sharon F. Ross, Executive Director** **April 16, 1997**
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MEYERS, SR. JUDITH	
STREET ADDRESS	4725 NORTH FEDERAL HIGHWAY	
CITY- ST- ZIP	FORT LAUDERDALE, FL 33308	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KODISH, BARRY	
STREET ADDRESS	120 S. UNIVERSITY DRIVE, SUITE F	
CITY- ST- ZIP	PLANTATION, FL 33324	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BRENNAN, ANNE M.	
STREET ADDRESS	4318 TAFT STREET	
CITY- ST- ZIP	HOLLYWOOD, FL 33021	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROSENSTEIN, SHERWIN	
STREET ADDRESS	2120 N. 49 AVENUE	
CITY- ST- ZIP	HOLLYWOOD, FL 33021	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<i>Sr Judith Meyers</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY- ST- ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

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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: *Sr Judith Meyers* **Sr. Judith Meyers, April 16, 1997** **954-776-3256**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)