


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 26 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>2691 E. OAKLAND PARK BLVD. SUITE 202 FORT LAUDERDALE FL 33306</b>	Mailing Address <b>2691 E. OAKLAND PARK BLVD. SUITE 202 FORT LAUDERDALE FL 33306</b>
---	---

3. Date Incorporated or Qualified <b>06/07/1971</b>	
4. FEI Number <b>59-1360227</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No	

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

**9. Name and Address of Current Registered Agent**

**ROSS, SHARON F.  
1164 E. OAKLAND PARK BLVD  
SUITE 214  
FT. LAUDERDALE FL 33334**

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) <b>2691 East Oakland Park Boulevard</b>
83 Suite 202
84 City <b>Fort Lauderdale</b> FL 85 Zip Code <b>33306</b>

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** 19 February 1998

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	<b>MEYERS, SR. JUDITH</b>	
STREET ADDRESS	<b>4725 N. FEDERAL HIGHWAY</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33308</b>	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	<b>KODISH, BARRY</b>	
STREET ADDRESS	<b>120 S. UNIVERSITY DRIVE SUITE F</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33324</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>BRENNAN, ANNE</b>	
STREET ADDRESS	<b>4318 TAFT STREET</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>ROSENSTEIN, SHERWIN</b>	
STREET ADDRESS	<b>2120 N. 49TH AVENUE</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>FITZGERALD, JON</b>	
1.3 STREET ADDRESS	<b>4725 N. FEDERAL HIGHWAY</b>	
1.4 CITY-ST-ZIP	<b>FT LAUDERDALE, FL 33308</b>	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>CANAN, PERY</b>	
2.3 STREET ADDRESS	<b>5130 NORTH FEDERAL HIGHWAY</b>	
2.4 CITY-ST-ZIP	<b>FT LAUDERDALE, FL 33308</b>	
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		

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: *Jon M. Fitzgerald* **Jon Fitzgerald** 19 February 1998 954-351-7867

CR2E037 (10/97)