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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721105

1. Corporation Name

SERVICE AGENCY FOR SENIOR CITIZENS OF BROWARD CO
UNTY, 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

LIBRARY
99042 90001 50 2



2. Principal Place of Business

21 2727 E. Oakland Park Blvd

Suite, Apt. #, etc.

22 Suite 304

City & State

23 Fort Lauderdale, FL

24 33306

25 USA

2a. Mailing Address

26 2727 E. Oakland Park Blvd

Suite, Apt. #, etc.

27 Suite 304

City & State

28 Fort Lauderdale, FL

29 33306

30 USA

3. Date incorporated or Qualified

06/07/1971

4. FEI Number

59-1360227

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ROSS, SHARON F.
2691 EAST OAKLAND PARK BLVD
SUITE 202
FT. LAUDERDALE FL 33306

10. Name and Address of New Registered Agent

81 Name

Ross, Sharon F.

82 Street Address (P.O. Box Number is Not Acceptable)

2727 East Oakland Park Blvd

83

Suite 304

84 City

FT. Lauderdale

FL

85 Zip Code

33306

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, Executive Director

January 8, 1999

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 DELETE
NAME FITZGERALD, JON
STREET ADDRESS 4725 N. FEDERAL HIGHWAY
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE VD DELETE
NAME CANAN, PERY
STREET ADDRESS 5130 N. FEDERAL HIGHWAY
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE SD DELETE
NAME BRENNAN, ANNE
STREET ADDRESS 4318 TAFT STREET
CITY-ST-ZIP HOLLYWOOD FL

TITLE TD DELETE
NAME ROSENSTEIN, SHERWIN
STREET ADDRESS 2120 N. 49TH AVENUE
CITY-ST-ZIP HOLLYWOOD FL

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE: Jon Fitzgerald

January 8, 1999 954-351-7867

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)