2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2005
Secretary of State

DOCUMENT# N03000009785

Entity Name: THE NE 199TH STREET SENIOR COMMUNITY CENTER, INC.

Current Principal Place of Business:

1475 NE 199TH STREET
MIAMI, FL 33179

New Principal Place of Business:

Current Mailing Address:

3880 SHERIDAN STREET
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 75-3136396 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KASBAR, JOHN A
3880 SHERIDAN STREET
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ______________________________
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:	D,P	( ) Delete
Name:	VOGEL, ESTHER	
Address:	300 BERKLEY ROAD #312	
City-St-Zip:	HOLLYWOOD, FL 33024	
Title:	D,VP	( ) Delete
Name:	SCHENK, THEODORE	
Address:	1181 NE 200 STREET	
City-St-Zip:	MIAMI, FL 33179	
Title:	D, T	( ) Delete
Name:	KASBAR, JOHN A	
Address:	3880 SHERIDAN STREET	
City-St-Zip:	HOLLYWOOD, FL 33021	
Title:	D, S	( ) Delete
Name:	LOMONDO, KATHLEEN	
Address:	7920 NW 47 PLACE	
City-St-Zip:	LAUDERHILL, FL 33351	
Title:	DIR	( ) Delete
Name:	IWASKEYCZ, MICHAEL	
Address:	2150 SW 114 AVENUE	
City-St-Zip:	DAVIE, FL 33325	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D, S	(X) Change ( ) Addition
Name:	LOMANDO, KATHLEEN	
Address:	7920 NW 47 PLACE	
City-St-Zip:	LAUDERHILL, FL 33351	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ESTHER VOGEL P 01/05/2005
Electronic Signature of Signing Officer or Director Date