

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 01 1997 8:00 am
Secretary of State

DOCUMENT # 705551 (0)

1. Corporation Name

THE FLORIDA STATE COUNCIL FOR SENIOR CITIZENS, I
NC.



Principal Place of Business

Mailing Address

4300 N. UNIVERSITY DRIVE
SUITE #B-206
LAUDERHILL FL 33351
US

4300 N. UNIVERSITY DRIVE
SUITE #B-206
LAUDERHILL FL 33351-6244
US

3. Date Incorporated or Qualified
05/02/1963

3a. Date of Last Report
04/15/1996

2. Principal Place of Business

2a. Mailing Address

21 1515 E SILVER SPRINGS BLVD

Suite, Apt. #, etc.

22 W-121

City & State

23 Ocala FL

Zip

24 34470

Country

25

26

27

28

29

30

Country

4. FEI Number

59-2057965

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BALE, GERALD
16091 BLATT BLVD. #112
FT LAUDERDALE FL 33326

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
3834 SE 46th PL

83

84 City
OCALA

FL

85

Zip Code
34480

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
DP
BALE, GERALD
16091 BLAAT BLVD, #112
FT LAUDERDALE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
DV
COLBY, LOU
1018 POWERSONG ST
HOLIDAY FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
DT
COMERFORD, GEORGE
5844 WESTERN WAY
LAKE WORTH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
SD
ROBBINS, HELEN
2929 SW 3RD AVE.
MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
T
LAPIOUS, PHYLLIS
2482 N.W. 63RD ST.
BOCA RATON FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change

☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97 352/401-0599
Date Daytime Phone # 0037783

CR2E037 (9/96)