

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 09 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 # **707215** (0)
1. Corporation Name
THE NORTH BROWARD SENIOR CITIZENS CLUB, INC.



Principal Place of Business 2059 SW 17TH PLACE DEERFIELD BCH. FL 33442	Mailing Address 2059 SW 17TH PLACE DEERFIELD BCH. FL 33442-6115
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/29/1964		3a. Date of Last Report 04/02/1996	
21 Suite, Apt. #, etc.		25 Suite, Apt. #, etc.		4. FEI Number 59-1086555		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MINENNA, MICHAEL 2059 SW 17TH PLACE DEERFIELD BCH. FL 33442				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD	<input type="checkbox"/> DELETE		1.1 TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MINENNA, MICHAEL			1.2 NAME			
STREET ADDRESS	2059 SW 17TH PLACE			1.3 STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BCH. FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DANIELS, RALPH			2.2 NAME			
STREET ADDRESS	4011 NW 7TH AVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	POMPANO BCH. FL			2.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	STRAND, BARBARA			3.2 NAME	KOLESKY, EILEEN		
STREET ADDRESS	1130 NE 23 PLACE			3.3 STREET ADDRESS	1407 NE 28th COURT		
CITY-ST-ZIP	POMPANO BCH FL			3.4 CITY-ST-ZIP	POMPANO BEACH, FL		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAMB, CATHERINE			4.2 NAME			
STREET ADDRESS	770 SE 2ND AVE E107			4.3 STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD FL			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DEODATO, TERESA			5.2 NAME	KAY CIUTTI		
STREET ADDRESS	4500 N FEDERAL HWY			5.3 STREET ADDRESS	4502 N. FEDERAL HWY.		
CITY-ST-ZIP	LIGHTHOUSE POINT FL			5.4 CITY-ST-ZIP	LIGHTHOUSE POINT, FL.		
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SHAMPOE, JAMES H			6.2 NAME	BROKAW, MARGARET		
STREET ADDRESS	1280 NW 48TH CT.			6.3 STREET ADDRESS	1365 S. CYPRESS ROAD		
CITY-ST-ZIP	POMPANO BCH FL			6.4 CITY-ST-ZIP	POMPANO BEACH, FL.		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Michael Minenna
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL MINENNA, TREASURER

Date

954-427-1583

Daytime Phone # 0042919

CR2E037 (9/96)