

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707215

FILED  
Jan 04, 2012  
Secretary of State

**Entity Name:** THE NORTH BROWARD SENIOR CITIZENS CLUB, INC.

**Current Principal Place of Business:**

1801 NE 6 ST  
POMPANO BEACH, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 611045  
POMPANO BEACH, FL 33061

**New Mailing Address:**

700 SE 6TH AVE.  
UNIT 117  
DEERFIELD BEACH, FL 33441

**FEI Number:** 59-1086555

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RICE, JOHN W  
700 SE 6TH AVE.  
117  
DEERFIELD BEACH, FL 33441 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: P  
Name: PAGE, VIRGINIA  
Address: 700 SE 6 AVENUE #217  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: VP  
Name: MARY, DEVEAUX  
Address: 700 SE 6TH AVE.  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: 2VP  
Name: WESTIN, EUNICE  
Address: 1044 NEW PORT N  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: T  
Name: RICE, JOHN W  
Address: 700 SE 6TH AVE.  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: S  
Name: RICE, JOHN  
Address: 700 SE 6 AVENUE #117  
City-St-Zip: DEERFIELD BEACH, FL 33441

I hereby 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 all other like empowered.

**SIGNATURE:** JOHN W. RICE

SECR

01/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date