

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # 708219 (1)**

1. Corporation Name

**THE BROWARD COUNTY COUNCIL OF SENIOR CITIZENS, I
NC.**

Principal Place of Business

Mailing Address

C/O JEAN ROSS
6702 N.W. 71ST CT.
TAMARAC FL 33321C/O JEAN ROSS
6702 N.W. 71ST CT.
TAMARAC FL 33321-54483. Date Incorporated or Qualified
12/09/19643a. Date of Last Report
01/24/1996

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1916064

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

ROSS, JEAN
6702 N.W. 71 CT.
TAMARAC FL 33321

81 Name

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

83

84 City

FL

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	D	<input type="checkbox"/> DELETE
NAME	SHAPIRO, MARGARET	
STREET ADDRESS	6705 N.W. 71 STREET	
CITY-ST-ZIP	TAMARAC FL 33321	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	T	<input type="checkbox"/> DELETE
NAME	ROGERS, EDITH	
STREET ADDRESS	3801 N.E. 22ND TERRACE #12	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	POCKRISS, JACK	
STREET ADDRESS	7508 ASHMONT CIRCLE	
CITY-ST-ZIP	TAMARAC FL 33321	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	LIPES, MIKE	
STREET ADDRESS	231 NW 78TH AVE.	
CITY-ST-ZIP	MARGATE FL 33063	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDBERG, HELEN	
STREET ADDRESS	4157 NW 22ND ST.	
CITY-ST-ZIP	COCONUT CREEK FL 33063	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	P	<input type="checkbox"/> DELETE
NAME	ROSS, JEAN	
STREET ADDRESS	6702 NW 71 CT	
CITY-ST-ZIP	TAMARAC FL 33321	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

JEAN ROSS - **JEAN ROSS**

Date

1/3/97

Daytime Phone #

954-721-3199

0036828

CR2E037 (9/96)