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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33321**

**C/O JEAN ROSS
6702 N.W. 71ST CT.
TAMARAC FL 33321**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

12/09/1964

4. FEI Number

59-1916064

Applied For

Not Applicable

6. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

8. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHAPIRO, MARGARET	
STREET ADDRESS	8705 N.W. 71 STREET	DECEASED
CITY-ST-ZIP	TAMARAC FL	

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

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

TITLE	VP	<input type="checkbox"/> DELETE
NAME	LIPES, MIKE	
STREET ADDRESS	231 NW 76TH AVE.	
CITY-ST-ZIP	MARGATE FL	33063

TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDBERG, HELEN	
STREET ADDRESS	4157 NW 22ND ST.	
CITY-ST-ZIP	COCONUT CREEK FL	33066

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	RECORDING SECRETARY.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SOL KAISER	
1.3 STREET ADDRESS	7410 ASHMONT CIRCLE	
1.4 CITY-ST-ZIP	TAMARAC, FL. 33321	

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

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

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

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

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 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**

2/10/98 954-721-3199

CR2E037 (10/97)