


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90023 036 \*\*\*\*61.25

|   |   |
|---|---|
| <b>DOCUMENT # 708219</b>                            |  |
| 1. Entity Name                                      |   |
| THE BROWARD COUNTY COUNCIL OF SENIOR CITIZENS, INC. |   |

|   |   |
|---|---|
| Principal Place of Business                             | Mailing Address   |
| C/O JEAN ROSS<br>6702 N.W. 71ST CT.<br>TAMARAC FL 33321 | C/O JEAN ROSS<br>6702 N.W. 71ST CT.<br>TAMARAC FL 33321 |

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



MOORE CR2E037 (11/03)

|  |                |
|--|----------------|
| 4. FEI Number  | Applied For    |
| 59-1916064   | Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent    |  |
| ROSS, JEAN<br>6702 N.W. 71 CT.<br>TAMARAC FL 33321 |  |

|  |             |
|--|-------------|
| 7. Name and Address of New Registered Agent        |             |
| Name   |             |
| Street Address (P.O. Box Number is Not Acceptable) |             |
| City   | FL Zip Code |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|  |   |  |  |
|--|---|--|--|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2004</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be<br/>Added to Fees</b> | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--|---|--|--|

| 10. OFFICERS AND DIRECTORS  |                                 |
|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <input type="checkbox"/> Delete |
| S<br>KAISER, SOL<br>7410 ASHMONT CIR<br>TAMARAC FL 33321                      |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <input type="checkbox"/> Delete |
| T<br>ROGERS, EDITH<br>3801 N.E. 22ND TERRACE #12<br>LIGHTHOUSE POINT FL 33064 |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <input type="checkbox"/> Delete |
| D<br>POCKRISS, JACK<br>7508 ASHMONT CIRCLE<br>TAMARAC FL 33321                |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <input type="checkbox"/> Delete |
| VP<br>HAYKIN, EVELYN<br>725 NW 75TH AVE<br>MARGATE FL 33066                   |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <input type="checkbox"/> Delete |
| D<br>GOLDBERG, HELEN<br>4157 NW 22ND ST.<br>COCONUT CREEK FL 33066            |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                | <input type="checkbox"/> Delete |
| P<br>ROSS, JEAN<br>6702 NW 71 CT<br>TAMARAC FL 33321                          |                                 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|   |   |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Jean Ross - JEAN ROSS 4/2/04 954-731-3199  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #