


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 708219</b>			
1. Entity Name <b>THE BROWARD COUNTY COUNCIL OF SENIOR CITIZENS, INC.</b>			
Principal Place of Business <b>C/O JEAN ROSS 6702 N.W. 71ST CT. TAMARAC FL 33321</b>		Mailing Address <b>C/O JEAN ROSS 6702 N.W. 71ST CT. TAMARAC FL 33321</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>ROSS, JEAN 6702 N.W. 71 CT. TAMARAC FL 33321</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S KAISER, SOL 7410 ASHMONT CIR TAMARAC FL 33321</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T ROGERS, EDITH 3801 N.E. 22ND TERRACE #12 LIGHTHOUSE POINT FL 33064</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D POCKRISS, JACK 7508 ASHMONT CIRCLE TAMARAC FL 33321</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP HAYKIN, EVELYN 725 NW 75TH AVE MARGATE FL 33063</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D GOLDBERG, HELEN 4157 NW 22ND ST. COCONUT CREEK FL 33066</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P ROSS, JEAN 6702 NW 71 CT TAMARAC FL 33321</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add



1st MOORE CR2E037 (10/05)

4. FEI Number **59-1916064** Applied For ☐ Not Applied

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 - PRESIDENT 4/25/06 954-731-3199