


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90070 021 ****61.25

DOCUMENT # 708219 1. Entity Name THE BROWARD COUNTY COUNCIL OF SENIOR CITIZENS, INC.					
Principal Place of Business C/O JEAN ROSS 6702 N.W. 71ST CT. TAMARAC FL 33321			Mailing Address C/O JEAN ROSS 6702 N.W. 71ST CT. TAMARAC FL 33321		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-1916064				Applied For <input type="checkbox"/> 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 6702 N.W. 71 CT. 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 _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S KAISER, SOL 7410 ASHMON CIR TAMARAC FL 33321 <div style="text-align: right;">Delete</div>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	S-RECORDING STOCKHAMMER, FLORENCE 6714 N.W. 71ST TAMARAC, FL 33321 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T ROGERS, EDITH 3801 N.E. 22ND TERRACE #12 LIGHTHOUSE POINT FL 33064 <div style="text-align: right;">Delete</div>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	T MORGANLANDER, MARTIN 9501 SUNRISE LAKES BLVD #307 SUNRISE, FL 33322 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D POCKRISS, JACK 7508 ASHMON CIRCLE TAMARAC FL 33321 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	S-CORRESPONDING COHEN, HARVEY 1152 N.W. 85TH AVE. PLANTATION, FL 33322 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP 2ND HAYKIN, EVELYN 725 NW 75TH AVE MARGATE FL 33063 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP 1ST TRAUERS, RUTH 250 JACARANDA DR. #101 PLANTATION, FL 33324 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GOLDBERG, HELEN 4157 NW 22ND ST. COCONUT CREEK FL 33066 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P ROSS, JEAN 6702 NW 71 CT TAMARAC FL 33321 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	

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 4/16/07 954-721-3199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #