

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708219

FILED
Mar 17, 2009
Secretary of State

Entity Name: THE BROWARD COUNTY COUNCIL OF SENIOR CITIZENS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1916064

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: STOCKHAMMER, FLORENCE
Address: 6714 N.W. 71 ST
City-St-Zip: TAMARAC, FL 33321

Title: T () Delete
Name: MORGANLANDER, MARTIN
Address: 9501 SUNRISE LAKES BLVD #307
City-St-Zip: SUNRISE, FL 33322

Title: D () Delete
Name: POCKRISS, JACK
Address: 7508 ASHMONTE CIRCLE
City-St-Zip: TAMARAC, FL 33321

Title: VP () Delete
Name: HAYKIN, EVELYN
Address: 725 NW 75TH AVE
City-St-Zip: MARGATE, FL 33063

Title: D () Delete
Name: GOLDBERG, HELEN,
Address: 4157 NW 22ND ST.
City-St-Zip: COCONUT CREEK, FL 33066

Title: P () Delete
Name: ROSS, JEAN,
Address: 6702 NW 71 CT
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEAN D. ROSS

PRES

03/17/2009

Electronic Signature of Signing Officer or Director

Date