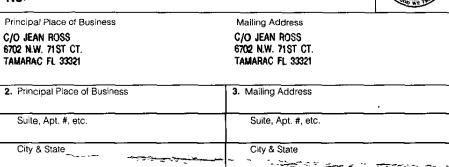
2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 708219

1. Entity Name

THE BROWARD COUNTY COUNCIL OF SENIOR CITIZENS, I



FILED Apr 30, 2003 8:00 am § Secretary of State

04-30-2003 90086 034 ****61.25

11028317



☐ CHECK HERE IF MAKING CHANGES

		l								
City & S	tate	City & State		4. FEI Number 59-1916064		Applied For				
	سفرسق ويوزن		ر النظام المواجعة الما العالم المعالي الما المعالي الما المعالي الما المعالي الما المعالي الما المعالي الما ال		Not Applicable					
Zip	Country Zip		Country	5. Certificate of Status Desired		\$8.75 Additional Fee Required				
	6. Name and Address of	Current Registered Agent		7. Name and Address of New Registered Agent						
			Name							
ROSS, 6702 N	Jean I.W. 71 Ct.		Street Address (F	Street Address (P.O. Box Number is Not Acceptable)						
TAMAR	IAC FL 33321									
	·		City		FL	Zip Code				
	we named entity submits this star gations of registered agent.	tement for the purpose of char	nging its registered office or registere	ed agent, or both, in the State of Flor	ida. 1 am f	amiliar with, and accept				
IGNATUR	E									
	Signature, typed or printed name of regis	tered agent and title if applicable.	(NOTE: Registered Agent signature required	when reinstating)	DATE					
										

	FILE NOW: FEE IS \$61.25	Election Campaign Financing Trust Fund Contribution.		\$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					
TIME	S	☐ Delete	TITLE				Change	☐ Addition	
NAME	KAISER, SOL		NAME						
STREET ADDRESS	7410 ASHMONT CIR		STREET ADDRESS					ĺ	
CITY-ST-ZIP	TAMARAC FL 33321		ÇITY-ŞT-ZIP						
TITLE	T	☐ Delete	TITLE				Change	Addition	
NAME	ROGERS, EDITH		NAME					ţ	
STREET ADDRESS	3801 N.E. 22ND TERRACE #12		STREET ADDRESS	، چادر اداميچيې		-			
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064		CITY-ST-ZIP					}	
TITLE	D	☐ Delete	TITLE	" -			Change	Addition	
NAME	POCKRISS, JACK		NAME						
STREET ADDRESS	7508 ASHMONT CIRCLE		STREET ADDRESS					}	
CITY-ST-ZIP	TAMARAC FL 33321		CITY-ST-ZIP						
TITLE	VP	☐ Delete	TITLE				Change	Addition	
NAME	Haykin, Evelyn		NAME			•		ſ	
STREET ADDRESS	725 NW 75TH AVE		STREET ADDRESS						
CITY-ST-ZIP	MARGATE FL 33063		CITY-ST-ZIP			*		}	
TITLE	D	☐ Delete	TITLE				Change	Addition	
NAME	GOLDBERG, HELEN		NAME					}	
STREET ADDRESS	4157 NW 22ND ST.	;	STREET ADDRESS		~			J	
CITY-ST-ZIP	COCONUT CREEK FL 33066		CITY-ST-ZIP	<u> </u>		<u> </u>	·		
TITLE	P	☐ Delete	TITLE		•		Change	☐ 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

ROSS, JEAN

6702 NW 71 CT

TAMARAC FL 33321