

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 721105 (5)**

1. Corporation Name

**SERVICE AGENCY FOR SENIOR CITIZENS OF BROWARD CO  
UNTY, INC.**



Principal Place of Business

Mailing Address

**1164 E. OAKLAND PARK BLVD. #214  
FT LAUDERDALE FL 33334**

**1164 E. OAKLAND PARK BLVD. #214  
FT LAUDERDALE FL 33334**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**06/07/1971**

3a. Date of Last Report

**02/27/1995**

4. FEI Number

**59-1360227**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

**SHARON F. ROSS**

82 Street Address (P.O. Box Number is Not Acceptable)

**1164 E. OAKLAND PARK BLVD., SUITE 214**

83

84

**FT. LAUDERDALE**

**FL**

**33334**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of, Section 617.0503, Florida Statutes.

SIGNATURE

*Sharon F. Ross*

**SHARON F. ROSS, EXECUTIVE DIRECTOR**

**MARCH 1, 1996**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

**BRANDT, ANN S**

STREET ADDRESS

**7560 PLANTATION, RD**

CITY - ST - ZIP

**PLANTATION FL**

TITLE

VD

☐ DELETE

NAME

**WHITTAKER, IRIS**

STREET ADDRESS

**3323 W. COMMERCIAL BLVD., #200**

CITY - ST - ZIP

**TAMARAC FL**

TITLE

SD

☐ DELETE

NAME

**ROSENSTEIN, SHERWIN**

STREET ADDRESS

**2120 N. 49TH AVENUE**

CITY - ST - ZIP

**HOLLYWOOD FL**

TITLE

TD

☐ DELETE

NAME

**SALLWASSER, TERI K**

STREET ADDRESS

**200 SOUTH BISCAYNE BLVD #200**

CITY - ST - ZIP

**MIAMI FL**

TITLE

VD

☐ DELETE

NAME

**FRASCA, DOMENICA E**

STREET ADDRESS

**2400 E. COMMERCIAL BLVD. #820**

CITY - ST - ZIP

**FT. LAUDERDALE FL**

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

*Ann S. Brandt PhD*

**ANN S. BRANDT, PHD. MARCH 1, 1996 954-749-1505**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)