


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 721105			
1. Corporation Name SERVICE AGENCY FOR SENIOR CITIZENS OF BROWARD COUNTY, INC			
Principal Place of Business 2691 E. Oakland Park Blvd. Suite 202 Fort Lauderdale, FL 33306		Mailing Address 2691 E. Oakland Park Blvd. Suite 202 Fort Lauderdale, FL 33306	
2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.	
22. City & State		27. City & State	
23. Zip		28. Zip	
24. Country		29. Country	
25. Country		30. Country	
9. Name and Address of Current Registered Agent Sharon F. Ross 2691 E. Oakland Park Blvd Suite 202 Fort Lauderdale, FL 33306		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. Zip Code	
85. State		86. State	
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 obligations of Section 617.0503, Florida Statutes.			
SIGNATURE <i>Sharon F. Ross</i>		Sharon F. Ross, Executive Director April 16, 1997	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME MEYERS, SR. JUDITH STREET ADDRESS 4725 NORTH FEDERAL HIGHWAY CITY, ST, ZIP FORT LAUDERDALE, FL 33308		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE VD NAME KODISH, BARRY STREET ADDRESS 120 S. UNIVERSITY DRIVE, SUITE F CITY, ST, ZIP PLANTATION, FL 33324		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE SD NAME BRENNAN, ANNE M. STREET ADDRESS 4318 TAFT STREET CITY, ST, ZIP HOLLYWOOD, FL 33021		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE TD NAME ROSENSTEIN, SHERWIN STREET ADDRESS 2120 N. 49 AVENUE CITY, ST, ZIP HOLLYWOOD, FL 33021		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I do 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 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.		200002156832 -04/28/97--01082--038 ***70.00	
SIGNATURE: <i>Sharon F. Ross</i>		SIGNATURE: <i>Sharon F. Ross</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date		Date	
Daytime Phone #		Daytime Phone #	

CR2E037 (9/96)