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Feb 26 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

2691 E. OAKLAND PARK BLVD.
SUITE 202
FORT LAUDERDALE FL 33306

2691 E. OAKLAND PARK BLVD.
SUITE 202
FORT LAUDERDALE FL 33306

3. Date Incorporated or Qualified

06/07/1971

4. FEI Number

59-1360227

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSS, SHARON F.
1164 E. OAKLAND PARK BLVD
SUITE 214
FT. LAUDERDALE FL 33334

81 Name

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

2691 East Oakland Park Boulevard

83 Suite 202

84 City

Fort Lauderdale

FL

85 Zip Code
33306

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

Sharon F. Ross, Executive Director

19 February 1998

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

(NOTE: Registered Agent signature required when relating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME MEYERS, SR. JUDITH
STREET ADDRESS 4725 N. FEDERAL HIGHWAY
CITY-ST-ZIP FT. LAUDERDALE FL 33308

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME FITZGERALD, JON
1.3 STREET ADDRESS 4725 N. FEDERAL HIGHWAY
1.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33308

TITLE VD ☒ DELETE
NAME KODISH, BARRY
STREET ADDRESS 120 S. UNIVERSITY DRIVE SUITE F
CITY-ST-ZIP PLANTATION FL 33324

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME CANAN, PERY
2.3 STREET ADDRESS 5130 NORTH FEDERAL HIGHWAY
2.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33308

TITLE SD ☐ DELETE
NAME BRENNAN, ANNE
STREET ADDRESS 4318 TAFT STREET
CITY-ST-ZIP HOLLYWOOD FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME ROSENSTEIN, SHERWIN
STREET ADDRESS 2120 N. 49TH AVENUE
CITY-ST-ZIP HOLLYWOOD FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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:

Jon M. Fitzgerald

Jon M. Fitzgerald, 19 February 1998 954-351-7867

CR2E037 (10/97)