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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90001 050 \*\*\*\*70.00

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**DOCUMENT # 721105**

1. Corporation Name

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

LIBRARY 9 99042 8 90001 4 50 2



2. Principal Place of Business

21 2727 E. Oakland Park Blvd

Suite, Apt. #, etc.

22 Suite 304

City & State

23 Fort Lauderdale, FL

Zip

24 33306

Country

25 USA

2a. Mailing Address

26 2727 E. Oakland Park Blvd

Suite, Apt. #, etc.

27 Suite 304

City & State

28 Fort Lauderdale, FL

Zip

29 33306

Country

30 USA

3. Date Incorporated or Qualified

06/07/1971

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

9. Name and Address of Current Registered Agent

ROSS, SHARON F.  
2691 EAST OAKLAND PARK BLVD  
SUITE 202  
FT. LAUDERDALE FL 33306

10. Name and Address of New Registered Agent

81 Name

Ross, Sharon F.

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

2727 East Oakland Park Blvd

83

Suite 304

84 City

FT. 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

January 8, 1999

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  
NAME FITZGERALD, JON  
STREET ADDRESS 4725 N. FEDERAL HIGHWAY  
CITY-ST-ZIP FT. LAUDERDALE FL 33308 ☐ DELETE

TITLE VD  
NAME CANAN, PERY  
STREET ADDRESS 5130 N. FEDERAL HIGHWAY  
CITY-ST-ZIP FT. LAUDERDALE FL 33308 ☐ DELETE

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

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

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

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

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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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, with all other like empowered.

SIGNATURE: Jon Fitzgerald

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 8, 1999 954-351-7867

Date

Daytime Phone #

CR2E037 (11/98)