


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 736732</b> 1. Entity Name FEDERATION OF SENIOR CITIZENS, INC.	
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Principal Place of Business 4518 NORT UNIVERSITY DRIVE LAUDERHILL FL 33351 US	Mailing Address 4518 NORTH UNIVERSITY DRIVE LAUDERHILL FL 33351 US
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1st MOORE      CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt. #, etc.

City & State	City & State
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4. FEI Number <b>59-1721049</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>RECCA, FRANK</b> <b>4518 N UNIVERSITY DR</b> <b>LAUDERHILL FL 33351</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <span style="font-size: 1.2em;">FL</span>    Zip Code                 </div>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. 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		<input type="checkbox"/> Delete
TITLE	PSD	
NAME	RECCA, FRANK	
STREET ADDRESS	4518 NORTH UNIVERSITY DRIVE	
CITY - ST - ZIP	LAUDERHILL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FISHER, MAGGIE	
STREET ADDRESS	4518 N UNIVERSITY DRIVE	
CITY - ST - ZIP	LAUDERHILL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEMETH, JOANNE	
STREET ADDRESS	4518 N. UNIVERSITY DRIVE	
CITY - ST - ZIP	LAUDERHILL FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000318155 04/20/05-80046-025 61.25	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: Frank Recca - President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/14/05      Daytime Phone #: 954-749-3802