2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

DOCUMENT# 769796

Entity Name: SENIORS FOUNDATION OF N.W. BROWARD, INC.

Current Principal Place of Business:

6009 N.W. 10TH STREET
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

6009 N.W. 10TH STREET
MARGATE, FL 33063

New Mailing Address:

FEI Number: 59-2340046 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GOLDNER, NORA
8500 ROYAL PALM BLVD.
D742
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: COLTON, SCOTT
Address: 6810 SW 7TH STREET
City-St-Zip: MARGATE, FL 33068

Title: V ( ) Delete
Name: GOLDNER, NORA
Address: 8500 ROYAL PALM BLVD., D-742
City-St-Zip: CORAL SPRINGS, FL 33065

Title: ST ( ) Delete
Name: LIEBERMAN, TERRY
Address: 6009 NW 10TH STREET
City-St-Zip: MARGATE, FL 33063

Title: D ( ) Delete
Name: JABLON, SCOTT M
Address: 8327 W ATLANTIC BLVD
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D ( ) Delete
Name: LAKIN, ARLENE
Address: 7284 W ATLANTIC BLVD
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT COLTON PRES 03/03/2009

Electronic Signature of Signing Officer or Director — Date