

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000000241

1. Entity Name

SENIOR CITIZENS OUTREACH THAT CARES, ACTIVITIES
CENTER, INC.

Principal Place of Business

1713 NW 38TH AVE
FT LAUDERDALE FL 33313

Mailing Address

1420 N.W. 20TH CT., #A
FT LAUDERDALE FL 33311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0939490

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NELSON, EULA
1420 N.W. 20TH CT., #A
FT LAUDERDALE FL 33311

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	DP KEMP, OTIS	<input type="checkbox"/> Delete
STREET ADDRESS	3910 NW 177TH ST	
CITY-ST-ZIP	OPA LOCKA FL 33055	
TITLE NAME	D SMITH, NATHAN	<input type="checkbox"/> Delete
STREET ADDRESS	4856 NW 1ST ST	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE NAME	D VANREIL, KARL	<input type="checkbox"/> Delete
STREET ADDRESS	7607 NW 40TH ST	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE NAME	S WOODS, URSULLA	<input type="checkbox"/> Delete
STREET ADDRESS	1890 NW 32ND AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE NAME	T BORDERS, LEO	<input type="checkbox"/> Delete
STREET ADDRESS	6011 NW 43RD TER	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE NAME	D NELSON, EULA	<input type="checkbox"/> Delete
STREET ADDRESS	1420 N.W. 20TH CT., #A	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	

TITLE NAME	D COLEMAN, DORIS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4840 NW 16 CT	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE NAME	D RUSSELL, CeWILLA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7712 SW 8 CT	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
TITLE NAME	D WILSON, DARWIN A.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1444 NW 5 AVENUE	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE NAME	D WOMACK, ANGELA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1540 NW 33 TERR	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE NAME	D WOODS, BARBARA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3201 NW 18 CT	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(i), 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:

EULA NELSON
EULA NELSON 1-8-02 954-527-2630

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90044 032 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)