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Mar 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N46104** (8)

1. Corporation Name

SENIOR CITIZENS OF GREATER MIRAMAR, INC.



Principal Place of Business	Mailing Address
6920 S.W. 35TH ST MIRAMAR FL 33023	3221 SW 66 TERRACE MIRAMAR FL 33023-3868 US

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 3221 S W. 66 Terrace
23 Zip	28 Miramar, FL
24 Country	29 33023
	30 Broward

3. Date Incorporated or Qualified 11/18/1991	3a. Date of Last Report 03/21/1996
4. FEI Number 65-0304296	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
KELLY, AGNES 3221 SW 66 TERRACE MIRAMAR FL 33023

10. Name and Address of New Registered Agent
81 Name Agnes Kelly
82 Street Address (P.O. Box Number is Not Acceptable) 3221 S.W. 66 Terrace
83 City Miramar
84 State FL
85 Zip Code 33023

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: Agnes Kelly (NOTE: Registered Agent signature required when reinstating) DATE: 2-19-97

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	KELLY, AGNES
STREET ADDRESS	3221 SW 66 TERRACE
CITY-ST-ZIP	MIRAMAR FL
TITLE	V <input type="checkbox"/> DELETE
NAME	BENIVEGNA, DELORES
STREET ADDRESS	7401 NORMANDY STREET
CITY-ST-ZIP	MIRAMAR FL
TITLE	T <input type="checkbox"/> DELETE
NAME	ROBINSON, ZELDA
STREET ADDRESS	2320 FLAMINGO DR
CITY-ST-ZIP	MIRAMAR FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	SCROB, EVELYN
STREET ADDRESS	6740 ABOR DRIVE #205
CITY-ST-ZIP	MIRAMAR FL
TITLE	D <input type="checkbox"/> DELETE
NAME	DI MARIA, PAULETTE
STREET ADDRESS	6550 SW 28 STR
CITY-ST-ZIP	MIRAMAR FL
TITLE	D <input type="checkbox"/> DELETE
NAME	PASSARELLI, CHRISTINA
STREET ADDRESS	6733 CAMELIA DR
CITY-ST-ZIP	MIRAMAR FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	6752 Camelia DR
6.4 CITY-ST-ZIP	

14. I do 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: Agnes Kelly Agnes Kelly 2-19-97 954-989-5731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0023596

CR2E037 (9/96)