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**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90033 030 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # N46104**

1. Corporation Name

**SENIOR CITIZENS OF GREATER MIRAMAR, INC.**

Principal Place of Business

6920 S.W. 35TH ST  
 MIRAMAR FL 33023

Mailing Address

3221 SW 66 TERRACE  
 3221 SW 66TH TERR  
 MIRAMAR FL 33023  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

11/18/1991

4. FEI Number

65-0304296

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

KELLY, AGNES  
 3221 SW 66 TERRACE  
 MIRAMAR FL 33023

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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 **P** ☐ DELETE  
 NAME **KELLY, AGNES**  
 STREET ADDRESS **3221 SW 66 TERRACE**  
 CITY-ST-ZIP **MIRAMAR FL**

TITLE **V** ☒ DELETE  
 NAME **BENIVEGNA, DELORES**  
 STREET ADDRESS **7401 NORMANDY STREET**  
 CITY-ST-ZIP **MIRAMAR FL**

TITLE **T** ☐ DELETE  
 NAME **NORTHROP, ADALINE**  
 STREET ADDRESS **241 N 67TH AVE**  
 CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE **SD** ☐ DELETE  
 NAME **SCROB, EVELYN**  
 STREET ADDRESS **6740 ABOR DRIVE #205**  
 CITY-ST-ZIP **MIRAMAR FL**

TITLE **D** ☒ DELETE  
 NAME **MEISSNER, LOUISE**  
 STREET ADDRESS **6961 9TH ST**  
 CITY-ST-ZIP **PEMBROKE PINES FL 33023**

TITLE **D** ☒ DELETE  
 NAME **STEPAN, JEAN**  
 STREET ADDRESS **7511 ROMONA ST**  
 CITY-ST-ZIP **MIRAMAR FL 33023**

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

**WILLIAM NORTHROP** ☒ Change ☐ Addition  
**241 N 67TH AVE**  
**HOLLYWOOD FL 33024**

**PAULETTE DIMARIA** ☒ Change ☐ Addition  
**6650 SW 28 ST**  
**MIRAMAR FL 33023**

**DELORES LASSEN** ☒ Change ☐ Addition  
**8911 S. HOLLYBROOK BLVD**  
**PEMBROKE PINES FL 33025**

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: **Agnes Kelly**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-12-99** **954-989-5731**  
 Date Daytime Phone #

CR2E037 (1/98)