

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P19456 (3)
1. Corporation Name
**FLORIDA STATE COUNCIL OF SENIOR CITIZENS EDUCATI
ON & RESEARCH FUND, INC.**



Principal Place of Business Mailing Address
**4300 N. UNIVERSITY DRIVE
SUITE B-206
LAUDERHILL FL 33351
US** **117 C STREET, S.E.
WASHINGTON DC 20003**

3. Date Incorporated or Qualified **06/02/1988** 3a. Date of Last Report **04/05/1995**
4. FEI Number **58-1752092** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be
Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 Zip 26 Country
27 28 29 30

9. Name and Address of Current Registered Agent

**COMERFORD GEORGE
5844 WESTERN WAY
LAKE WORTH FL 33463**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	TRUSTEE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPIDUS, PHYIDUS	1.2 NAME	
STREET ADDRESS	2432 NW 63RD ST	1.3 STREET ADDRESS	
CITY-STATE-ZIP	BOCA RATON FL	1.4 CITY-STATE-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	TRUSTEE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, GENEVA	2.2 NAME	
STREET ADDRESS	3750 NE 169TH ST., #404	2.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI BEACH FL	2.4 CITY-STATE-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLBY, LOU	3.2 NAME	
STREET ADDRESS	1018 POWERSONG STREET	3.3 STREET ADDRESS	
CITY-STATE-ZIP	HOLIDAY FL	3.4 CITY-STATE-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBBINS, HELEN	4.2 NAME	
STREET ADDRESS	6814 SW 114TH PLACE #H	4.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	4.4 CITY-STATE-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMERFORD, GEORGE	5.2 NAME	
STREET ADDRESS	5844 WESTERN WAY	5.3 STREET ADDRESS	
CITY-STATE-ZIP	LAKE WORTH FL	5.4 CITY-STATE-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALE, GERALD	6.2 NAME	
STREET ADDRESS	16091 BLATT BLVD., #112	6.3 STREET ADDRESS	
CITY-STATE-ZIP	FT LAUDERDALE FL	6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Gerald G. Bale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gerald G. Bale, President 1/29/96 305/572-3469

Date

Daytime Phone #

CR2E037 (12/95)