


FILE NOW: FILING FEE IS \$61.25

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Feb 18 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P19456** (3)

1. Corporation Name

**FLORIDA STATE COUNCIL OF SENIOR CITIZENS EDUCATION & 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 20003-1839**
3. Date Incorporated or Qualified  
**06/02/1988**3a. Date of Last Report  
**02/05/1996**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
**58-1752092**Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>LAPIDUS, PHYIDUS</b>
STREET ADDRESS	<b>2432 NW 63RD ST</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MILLER, GENEVA</b>
STREET ADDRESS	<b>3750 NE 169TH ST., #404</b>
CITY - ST - ZIP	<b>MIAMI BEACH FL</b>

2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Jean Buchanan</b>
2.3 STREET ADDRESS	<b>7680 92nd Street North; #209</b>
2.4 CITY - ST - ZIP	<b>Seminole, FL 34647</b>

TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>COLBY, LOU</b>
STREET ADDRESS	<b>1018 POWERSONG STREET</b>
CITY - ST - ZIP	<b>HOLIDAY FL</b>

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>ROBBINS, HELEN</b>
STREET ADDRESS	<b>6814 SW 114TH PLACE #H</b>
CITY - ST - ZIP	<b>MIAMI FL</b>

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>COMERFORD, GEORGE</b>
STREET ADDRESS	<b>5844 WESTERN WAY</b>
CITY - ST - ZIP	<b>LAKE WORTH FL</b>

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>BALE, GERALD</b>
STREET ADDRESS	<b>16091 BLATT BLVD., #112</b>
CITY - ST - ZIP	<b>FT LAUDERDALE FL</b>

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:


**Gerald Bale**

2/10/97

954/572-3469

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0076287

CR2E037 (9/96)