

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 PM 12:47

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 764812 (4)

1. Corporation Name

ELDERLY INTEREST FUND, INC.

Principal Place of Business

Mailing Address

**5345 NW 35TH AVE.
FT LAUDERDALE FL 33309**

**5345 NW 35TH AVE.
FT LAUDERDALE FL 33309**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/02/1982

3a. Date of Last Report

04/05/1994

4. FEI Number

59-2236796

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**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

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 5101 NW 21st Ave.

26 5101 NW 21st Ave.

**22 Suite, Apt. #, etc.
#510**

**27 Suite, Apt. #, etc.
#510**

City & State

23 Ft. Lauderdale, FL

City & State

28 Ft. Lauderdale, FL

Zip

24 33309

Country

25 USA

Zip

29 33309

Country

30 USA

9. Name and Address of Current Registered Agent

**ARMSTRONG, JUDITH
5345 NW 35TH AVENUE
FT. LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81 Name

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

5101 NW 21st Ave.

83 #510

84 City

Ft. Lauderdale

FL

85 Zip Code
33309

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Judith Armstrong

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
V	FEILER, ELLEN G.	2421 S.W. 6TH AVE.	FT. LAUDERDALE FL
PO	PETERSON, CYNTHIA	5101 NW 21ST AVENUE	FT. LAUDERDALE FL
D	SHAPIRO, BEVERLY	7383 ORANGEWOOD LANE	BOCA RATON FL
D	FALCK, WALTER	115 S. ANDREWS AVE	FT LAUDERDALE FL
D	KUBIN, MICHAEL	777 AMERICAN EXPRESSWAY	PLANTATION FL
VD	GLASSER, EVELYN	2898 OAKMONT	FT. LAUDERDALE FL

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
D		1001 W. Cypress Cr. Rd. #207	Ft. Lauderdale, FL 33309
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
V/D	Acevedo-Rennie, Jean	4801 S. University Dr. #243	Davie, FL 33328
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
P/D			

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 110.07(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: Evelyn Glasser, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.18.95

Date

305-735-9019

Telephone #