

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43637

FILED  
Apr 10, 2007  
Secretary of State

Entity Name: ELDER SERVICES RESOURCE NETWORK, INC.

**Current Principal Place of Business:**

C/O DAVID LIEBERMAN  
8500 W SUNRISE BLVD  
PLANTATION, FL 33324 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O KATHY PARKES  
2269 S UNIVERSITY DR #238  
DAVIE, FL 33322 US

**New Mailing Address:**

FEI Number: 65-0869294      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LIEBERMAN, DAVID  
8500 W SUNRISE BOULEVARD  
PLANTATION, FL 33322 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BRODIE, MICHAEL  
Address: 5066 NE 2 AVE  
City-St-Zip: MIAMI, FL 33137

Title: V ( ) Delete  
Name: LINCOLN, PAUL  
Address: 9900 STIRLING RD  
City-St-Zip: COOPER CITY, FL 33024

Title: S ( ) Delete  
Name: ELIAS, STACEY  
Address: 150 GREENS RD  
City-St-Zip: HOLLYWOOD, FL 33021

Title: T ( ) Delete  
Name: PARKES, KATHY  
Address: 2269 S UNIVERSITY DRIVE  
City-St-Zip: DAVIE, FL 33324

Title: D ( ) Delete  
Name: SOLOMON, PHILLIP  
Address: 3349 N UNIVERSITY DR #204  
City-St-Zip: DAVIE, FL 33024

Title: D ( ) Delete  
Name: MCCARTHY, JUNE  
Address: 4255 W COMMERCIAL BLVD  
City-St-Zip: TAMARAC, FL 33319

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY PARKES

T

04/10/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date