

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43637

FILED
Apr 30, 2009
Secretary of State

Entity Name: ELDER SERVICES RESOURCE NETWORK, INC.

Current Principal Place of Business:

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:

C/O KATHY PARKES
43 S POMPANO PARKWAY #272
POMPANO BEACH, FL 33069 US

FEI Number: 65-0869294

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PARKES, KATHY
2269 S UNIVERSITY
238
DAVIE, FL 33324 US

Name and Address of New Registered Agent:

PARKES, KATHY
43 S POMPANO PARKWAY
272
POMPANO BEACH, FL 33069 US

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:

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LINCOLN, PAUL
Address: 9900 STIRLING ROAD # 244
City-St-Zip: COOPER CITY, FL 33024

Title: V () Delete
Name: GRAY, ED
Address: 4701 NW 33 AVE
City-St-Zip: FT LAUDERDALE, FL 33309

Title: S () Delete
Name: KEEFFE, PAUL
Address: 309 SE 18 ST
City-St-Zip: FT LAUDERDALE, FL 33316

Title: T () Delete
Name: PARKES, KATHY
Address: 2269 S UNIVERSITY DRIVE # 238
City-St-Zip: DAVIE, FL 33324

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GRAY, EDWARD
Address: 4701 NW 33 AVE
City-St-Zip: FT LAUDERDALE, FL 33309

Title: V (X) Change () Addition
Name: NEALE, KIMBERLY
Address: 1531 W PALMETTO PARK ROAD
City-St-Zip: BOCA RATON, FL 33486

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

Title: T (X) Change () Addition
Name: PARKES, KATHY
Address: 43 S POMPANO PARKWAY # 272
City-St-Zip: POMPANO BEACH, FL 33069

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 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

04/30/2009

Electronic Signature of Signing Officer or Director

Date