

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43637

FILED  
Apr 13, 2012  
Secretary of State

**Entity Name:** ELDER SERVICES RESOURCE NETWORK, INC.

**Current Principal Place of Business:**

9215 W BROWARD BLVD  
PLANTATION, FL 33318 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

PARKES, KATHY  
43 S POMPANO PARKWAY  
272  
POMPANO BEACH, FL 33069 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  
Name: KEEFE, PAUL  
Address: 1200 E LAS OLAS BLVD  
City-St-Zip: FT LAUDERDALE, FL 33301

Title: V  
Name: RAPKIN, MELISSA  
Address: 2855 W COMMERCIAL BLVD  
City-St-Zip: FT LAUDERDALE, FL 33309

Title: V  
Name: DE STEFANO, DIANE  
Address: 5223 NW 81 TERR  
City-St-Zip: CORAL SPRINGS, FL 33067

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

I hereby 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 all other like empowered.

SIGNATURE: KATHLEEN PARKES

T

04/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date