

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 764812 (4)

1. Corporation Name

ELDERLY INTEREST FUND, INC.



Principal Place of Business

**5101 NW 21ST AVENUE
#510
FT. LAUDERDALE FL 33309
US**

Mailing Address

**5101 NW 21ST AVENUE
#510
FT. LAUDERDALE FL 33309
US**

3. Date Incorporated or Qualified
09/02/1982

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2236796

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

24

Country

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARMSTRONG, JUDITH
5101 NW 21ST AVENUE
SUITE 510
FT. LAUDERDALE FL 33309**

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 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

**V
FEILER, ELLEN G.
2421 S.W. 6TH AVE.
FT. LAUDERDALE FL**

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

**D
PETERSON, CYNTHIA
1001 W. GYPRESS CR. RD. #207-
FT. LAUDERDALE FL**

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

**D
SHAPIRO, BEVERLY
7383 ORANGEWOOD LANE
BOCA RATON FL**

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

**D
FALCK, WALTER
115 S. ANDREWS AVE
FT LAUDERDALE FL**

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

**VD
ACEVEDO-RENNIE, JEAN
4801 S. UNIVERSITY DR. #243
DAVE FL**

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

**PD
GLASSER, EVELYN
2698 OAKMONT
FT. LAUDERDALE FL**

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Evelyn Glasser, President

4-10-96

954-735-9019

Date

Daytime Phone

CR2E037 (12/95)