

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State

04-25-2003 90128 045 ***70.00

DOCUMENT # 764812

1. Entity 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**

55040489

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2236796**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AZZOLE, NANCY M
5101 NW 21ST AVENUE
SUITE 510
FT. LAUDERDALE FL 33309**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **FEILER, ELLEN G.**
STREET ADDRESS **2421 S.W. 6TH AVE.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **Vice President,** ☐ Change ☒ Addition
NAME **James-Francis, Maxine**
STREET ADDRESS **200 NW 7th Ave.**
CITY-ST-ZIP **Ft. Lauderdale, FL 33311**

TITLE **D** ☐ Delete
NAME **PETERSON, CYNTHIA**
STREET ADDRESS **5101 NW 21ST AVE 440**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **Vice President,** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SHAPIRO, BEVERLY**
STREET ADDRESS **7383 ORANGEWOOD LANE**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **Vice President,** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **FERGUSON, LOUREN**
STREET ADDRESS **4862 CHARDONNAY DR**
CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE **Director** ☒ Change ☐ Addition
NAME **Ferguson-Cooper, Louren**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ACEVEDO, JEAN**
STREET ADDRESS **711 GOLF CT**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **President** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **GLASSER, EVELYN**
STREET ADDRESS **2698 OAKMONT**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **Director** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

LOUREN FERGUSON-COOPER 954-735-9019
4/23/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)