

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000893

FILED
Apr 24, 2007
Secretary of State

Entity Name: THE ELDERCARE FOUNDATION, INC.

Current Principal Place of Business:

801 VILLAGE BLVD STE 303
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

801 VILLAGE BLVD STE 303
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 20-2224012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAW OFFICES OF LINSTER E BRINKLEY JR PA
2350 N 34TH STREET N
ST PETERSBURG, FL 33713 US

Name and Address of New Registered Agent:

FORGIE, ELAYNE
801 VILLAGE BLVD
303
WEST PALM BEACH, FL 33409 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: /S/ ELAYNE FORGIE

04/24/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FORGIE, ELAYNE
Address: 801 VILLAGE BLVD STE 303
City-St-Zip: WEST PALM BEACH, FL 33409

Title: DV () Delete
Name: STARR, CYNTHIA
Address: 801 VILLAGE BLVD STE 303
City-St-Zip: WEST PALM BEACH, FL 33409

Title: DST () Delete
Name: FORGIE, TERRENCE
Address: 801 VILLAGE BLVD STE 303
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV (X) Change () Addition
Name: BROWN, CYNTHIA
Address: 801 VILLAGE BLVD STE 303
City-St-Zip: WEST PALM BEACH, FL 33409

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: /S/ ELAYNE FORGIE

PRES

04/24/2007

Electronic Signature of Signing Officer or Director

Date