

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

02-26-2007 90048 002 ****61.25

DOCUMENT # N06000011112 1. Entity Name THE ELDER DREAM FOUNDATION, INC.					
Principal Place of Business 980 NORTH FEDERAL HIGHWAY SUITE 402 BOCA RATON, FL 33432			Mailing Address 980 NORTH FEDERAL HIGHWAY SUITE 402 BOCA RATON, FL 33432		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GLUCK, RONDA D ESQ. 980 NORTH FEDERAL HIGHWAY SUITE 402 BOCA RATON, FL 33432			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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		DATE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDRE, FERIAL		NAME		
STREET ADDRESS	16244 SOUTH MILITARY TRAIL, SUITE 310B		STREET ADDRESS		
CITY- ST- ZIP	DELRAY BEACH, FL 33484		CITY- ST- ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDRE, PIERRE MD		NAME		
STREET ADDRESS	16244 SOUTH MILITARY TRAIL, SUITE 310B		STREET ADDRESS		
CITY- ST- ZIP	DELRAY BEACH, FL 33484		CITY- ST- ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLUCK, DAVID		NAME		
STREET ADDRESS	16244 SOUTH MILITARY TRAIL, SUITE 310B		STREET ADDRESS		
CITY- ST- ZIP	DELRAY BEACH, FL 33484		CITY- ST- ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENRY, ANGELA		NAME		
STREET ADDRESS	16244 SOUTH MILITARY TRAIL, SUITE 310B		STREET ADDRESS		
CITY- ST- ZIP	DELRAY BEACH, FL 33484		CITY- ST- ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLUCK, RONDA D ESQ.		NAME		
STREET ADDRESS	16244 SOUTH MILITARY TRAIL, SUITE 310B		STREET ADDRESS		
CITY- ST- ZIP	DELRAY BEACH, FL 33484		CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:			Date: 2/21/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		