SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 10:11

DOCUMENT # N93000004693 (8)

1. Corporation Name

ELDER-RIDE, INC.

Principal Place of Business	Mailing Address
9 BETH STACEY BOULEVARD SUITE 206 LEHIGH ACRES FL 33936	9 BETH STACEY BOULEVARD SUITE 206 LEHIGH ACRES FL 33936

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/18/1993
3a. Date of Last Report: 04/29/1994
4. FEI Number: 65-0467950 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

EILF, LIZ
9 BETH STACEY BOULEVARD
SUITE 206
LEHIGH ACRES FL 33936

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D President	11 TITLE	Secretary	☐ Change ☒ Addition
NAME	FREEMAN, FRANCES	12 NAME	Becki, Helen	
STREET ADDRESS	6941 CIRCLE DRIVE	13 STREET ADDRESS	1290 Broad St W. N19	
CITY-ST-ZIP	FORT MYERS FL 33905	14 CITY-ST-ZIP	Lehigh Acres, Fl. 33936	
TITLE	D Treasurer	21 TITLE	D	☐ Change ☒ Addition
NAME	FREEMAN, RONALD	22 NAME	Lisa Williamson	
STREET ADDRESS	6941 CIRCLE DRIVE	23 STREET ADDRESS	122 Dania Circle	
CITY-ST-ZIP	FORT MYERS FL 33905	24 CITY-ST-ZIP	Lehigh Acres, Fl. 33936	
TITLE	D Vice President	31 TITLE	D	☐ Change ☒ Addition
NAME	EILF, LIZ	32 NAME	Jean Lee	
STREET ADDRESS	2321 NARCISSUS COURT	33 STREET ADDRESS	25 Vineyard St.	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	34 CITY-ST-ZIP	Lehigh Acres, Fl. 33936	
TITLE	D	41 TITLE	D	☐ Change ☒ Addition
NAME	GOERLE, LISA	42 NAME	Frances Lee	
STREET ADDRESS	502 EMPIRE AVENUE S.	43 STREET ADDRESS	25 Vineyard St.	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	44 CITY-ST-ZIP	Lehigh Acres, Fl. 33936	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	COOK, JEAN	52 NAME		
STREET ADDRESS	1200 BROAD STREET, APT. A5	53 STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES FL 33936	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E037 (3/95)

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: Ronald R Freeman Ronald R. Freeman 9 June 1995 (941) 693-1976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014704