

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000004693 (8)

1. Corporation Name
ELDER-RIDE, INC.



Principal Place of Business

9 BETH STACEY BOULEVARD
SUITE 206
LEHIGH ACRES FL 33906

Mailing Address

9 BETH STACEY BOULEVARD
SUITE 206
LEHIGH ACRES FL 33936

3. Date Incorporated or Qualified
10/18/1993

3a. Date of Last Report
06/13/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PD
NAME FREEMAN, FRANCES
STREET ADDRESS 6941 CIRCLE DRIVE
CITY-ST-ZIP FORT MYERS FL

TITLE DT
NAME FREEMAN, RONALD
STREET ADDRESS 6941 CIRCLE DRIVE
CITY-ST-ZIP FORT MYERS FL

TITLE VPD
NAME EILF, LIZ
STREET ADDRESS 2321 NARCISSUS COURT
CITY-ST-ZIP LEHIGH ACRES FL

TITLE D
NAME WILLIAMSON, LIHA
STREET ADDRESS 122 DANIA CIRCLE
CITY-ST-ZIP LEHIGH ACRES FL

TITLE D
NAME BECKI, HELEN
STREET ADDRESS 1290 BRAOD ST W N19
CITY-ST-ZIP LEHIGH ACRES FL

TITLE D
NAME LEE, JEAN
STREET ADDRESS 25 VINEYARD ST
CITY-ST-ZIP LEHIGH ACRES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

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☐ Addition

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 10 Feb 1996 (941) 693-1976

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)