

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N95000004231 (5)**

1. Corporation Name

**THE ELDER FOUNDATION, INC.**



Principal Place of Business

Mailing Address

**512 NORTH CALHOUN STREET  
TALLAHASSEE FL 32301**

**512 NORTH CALHOUN STREET  
TALLAHASSEE FL 32301**

3. Date Incorporated or Qualified

**09/06/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

**21**  
Suite, Apt. #, etc.

**26**  
Suite, Apt. #, etc.

**22**  
City & State

**27**  
City & State

**23**  
Zip

**24**  
Country

**28**  
Zip

**30**  
Country

4. FEI Number

**59-3351123**

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

10. Name and Address of New Registered Agent

**LEVINE, MARK S  
245 EAST VIRGINIA STREET  
TALLAHASSEE FL 32301**

**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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>President</b>	<input type="checkbox"/> DELETE
NAME	<b>R. Lowell McDonald</b>	<input checked="" type="radio"/> (D)
STREET ADDRESS	<b>512 N. Calhoun Street</b>	
CITY-ST-ZIP	<b>Tallahassee, FL 32301</b>	
TITLE	<b>Sr. Vice President</b>	<input type="checkbox"/> DELETE
NAME	<b>Sherry Lange</b>	<input checked="" type="radio"/> (D)
STREET ADDRESS	<b>512 N. Calhoun Street</b>	
CITY-ST-ZIP	<b>Tallahassee, FL 32301</b>	
TITLE	<b>CEO</b>	<input type="checkbox"/> DELETE
NAME	<b>William Lange</b>	<input checked="" type="radio"/> (D)
STREET ADDRESS	<b>512 N. Calhoun Street</b>	
CITY-ST-ZIP	<b>Tallahassee, FL 32301</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**800001881018**  
**-07/02/96--01013--017**  
**\*\*\*61.25**

SIGNATURE:

**WILLIAM LANGE**

**6-10-96**

**224-1914**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0000066

CR2E037 (3/96)