


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000002213 (4) 1. Corporation Name ELDER HELPERS, INC.					
Principal Place of Business 4224 N STANWYCK TERRACE BEVERLY HILLS FL 34465			Mailing Address 4224 N STANWYCK TERRACE BEVERLY HILLS FL 34465		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/22/1996	
21 Suite, Apt. #, etc.		25 Suite, Apt. #, etc.		4. FEI Number # EIN 59-3423456 APPLIED FOR	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		30 Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent PITTS, JAMES R 4224 N STANWYCK TERRACE BEVERLY HILLS FL 34465			10. Name and Address of New Registered Agent		
81 Name			82 Street Address (P.O. Box Number Is Not Acceptable)		
83			84 City		
85 Zip Code			FL		
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 agent, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD NAME PITTS, JAMES R STREET ADDRESS 4224 N STANWYCK TERR CITY-ST-ZIP BEVERLY HILLS FL 34465			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE VD NAME EMMERSON, MILO E STREET ADDRESS 4554 E WINDMILL DR CITY-ST-ZIP INVERNESS FL 34450			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE SD NAME NICHOLS, GLORIA STREET ADDRESS 77 W SUGARBERRY LANE CITY-ST-ZIP BEVERLY HILLS FL 34465			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE TD NAME NICHOLS, JOSEPH STREET ADDRESS 77 W SUGARBERRY LANE CITY-ST-ZIP BEVERLY HILLS FL 34465			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  SIGNATURE REQUIRED

352-527-0523

CR2E037 (10/97)