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FILED  
Mar 17 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 # N97000002885 (8)

1. Corporation Name

THE COALITION TO PROTECT FLORIDA'S ELDERS, INC.

Principal Place of Business

Mailing Address

116 SOUTH MONROE STREET  
TALLAHASSEE FL 32301

116 SOUTH MONROE STREET  
TALLAHASSEE FL 32301

2. Principal Place of Business

2a. Mailing Address

21 One N. Dale Mabry Hwy

28 One N. Dale Mabry

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 601

27 Suite 601

City & State

City & State

23 Tampa FL

26 Tampa FL

Zip

Country

24 33609

25 USA

29 33609

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/21/1997

4. FEI Number

59-3482111

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

HOWARD, P T  
215 SOUTH MONROE STREET  
SUITE 704  
TALLAHASSEE FL 32301

81 Name Timothy C. McHugh

82 Street Address (P.O. Box Number Is Not Acceptable)

One N. Dale Mabry Hwy  
St. 601

83 City Tampa FL

85 Zip Code 33609

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

TITLE ☐ DELETE

NAME D  
WILKES, JIM  
STREET ADDRESS ONE N DALE MABRY SUITE 601  
CITY-ST-ZIP TAMPA FL 33609

TITLE ☐ DELETE

NAME D  
LABASKY, BETH  
STREET ADDRESS 116 SOUTH MONROE STREET  
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☐ DELETE

NAME D  
MCHUGH, TIM  
STREET ADDRESS ONE N DALE MABRY SUITE 601  
CITY-ST-ZIP TAMPA FL 33609

TITLE ☐ DELETE

NAME D  
ELIOPOUS, CHARLOTTE  
STREET ADDRESS 11104 GLEN ARM ROAD  
CITY-ST-ZIP GLEN ARM MD 21057

TITLE ☐ DELETE

NAME D  
WILLIAMS, LEONARD MD  
STREET ADDRESS 916 79TH STREET SOUTH  
CITY-ST-ZIP ST PETERSBURG FL 33707-2713

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME D  
Elaine Reeves  
1.2 NAME  
1.3 STREET ADDRESS One N. Dale Mabry St. 601  
1.4 CITY-ST-ZIP Tampa FL 33609

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

3/17/98 813  
873-0026

CR2E037 (10/97)