

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90125 038 ****61.25

DOCUMENT # N97000002885

1. Corporation Name

THE COALITION TO PROTECT FLORIDA'S ELDERS, INC.

Principal Place of Business

ONE N DALE MABRY HWY
STE 601
TAMPA FL 33609
US

Mailing Address

ONE N DALE MABRY
STE 601
TAMPA FL 33609
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

9. Name and Address of Current Registered Agent

MCHUGH, TIMOTHY C
ONE N DALE MABRY HWY
STE 601
TAMPA FL 33609

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

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
ELIPOUS, 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 D
REEVES, ELAINE
STREET ADDRESS ONE N DALE MABRY STE 601
CITY-ST-ZIP TAMPA FL 33609

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *Elaine Reeves*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99 8138730026

Date

Daytime Phone #

CR2E037 (11/98)