

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002885

FILED
Apr 29, 2005
Secretary of State

Entity Name: THE COALITION TO PROTECT FLORIDA'S ELDERS, INC.

Current Principal Place of Business:

ONE N DALE MABRY HWY
STE 601
TAMPA, FL 33609 US

New Principal Place of Business:

ONE N DALE MABRY HWY
STE 800
TAMPA, FL 33609 US

Current Mailing Address:

ONE N DALE MABRY
STE 601
TAMPA, FL 33609 US

New Mailing Address:

ONE N DALE MABRY
STE 800
TAMPA, FL 33609 US

FEI Number: 59-3482111

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REEVES, ELAINE L
ONE N DALE MABRY HWY
STE 601
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

MCHUGH, SHAWN T
ONE N DALE MABRY HWY
STE 800
TAMPA, FL 33609 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SHAWN T MCHUGH

04/29/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILKES, JIM
Address: ONE N DALE MABRY SUITE 601
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: LABASKY, BETH
Address: 116 SOUTH MONROE STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: MCHUGH, TIM
Address: ONE N DALE MABRY SUITE 601
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: ELIOPOUS, CHARLOTTE
Address: 11104 GLEN ARM ROAD
City-St-Zip: GLEN ARM, MD 21057

Title: D () Delete
Name: WILLIAMS, LEONARD MD
Address: 916 79TH STREET SOUTH
City-St-Zip: ST PETERSBURG, FL 337072713

Title: D (X) Delete
Name: REEVES, ELAINE
Address: ONE N DALE MABRY STE 601
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WILKES, JIM
Address: ONE N DALE MABRY SUITE 800
City-St-Zip: TAMPA, FL 33609

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MCHUGH, TIM
Address: ONE N DALE MABRY SUITE 800
City-St-Zip: TAMPA, FL 33609

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY C MCHUGH

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date