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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
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DOCUMENT # **N97000002889 (0)**

1. Corporation Name

THE COALITION TO PROTECT AMERICA'S ELDER, INC.



Principal Place of Business 116 SOUTH MONROE STREET TALLAHASSEE FL 32301	Mailing Address 116 SOUTH MONROE STREET TALLAHASSEE FL 32301
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3. Date Incorporated or Qualified 05/21/1997	4. FEI Number 59-3482085	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 8094 Buck Lake Rd Suite, Apt. #, etc. 22 City & State 23 Tallahassee FL Zip 24 32311 Country 25 USA	2a. Mailing Address 26 One N. Dale Mabry Suite, Apt. #, etc. 27 Highway, St. 601 City & State 28 Tampa FL Zip 29 33609 Country 30 USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**HOWARD, P. TIM
215 SOUTH MONROE STRET
SUITE 704
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent 81 Name Timothy C. McHugh 82 Street Address (P.O. Box Number is Not Acceptable) One N. Dale Mabry Hwy 83 St. 601 84 City Tampa 85 Zip Code FL 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	<input type="checkbox"/> DELETE
NAME	COB
STREET ADDRESS	WILKES, JIM
CITY-ST-ZIP	1 N DALE MABRY, STE 601 TAMPA FL 33609
TITLE	<input type="checkbox"/> DELETE
NAME	D
STREET ADDRESS	LABASKY, BETH
CITY-ST-ZIP	116 SOUTH MONROE STREET TALLAHASSEE FL 32301
TITLE	<input type="checkbox"/> DELETE
NAME	D
STREET ADDRESS	MCHUGH, TIM
CITY-ST-ZIP	1 N DALE MABRY, STE 601 TAMPA FL 33609
TITLE	<input type="checkbox"/> DELETE
NAME	D
STREET ADDRESS	ELIOPOUS, CHARLOTTE
CITY-ST-ZIP	11104 GLEN ARM ROAD GLEN ARM MD 21057
TITLE	<input type="checkbox"/> DELETE
NAME	D
STREET ADDRESS	WILLIAMS, LEONARD MD
CITY-ST-ZIP	916 79TH STREET SOUTH ST PETERSBURG FL 33707-2713
TITLE	<input type="checkbox"/> DELETE
NAME	D
STREET ADDRESS	SMITH, MICHAEL MD
CITY-ST-ZIP	1181 SOLANO AVE ALBANY CA 94704

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D
1.3 STREET ADDRESS	Elaine L. Reeves
1.4 CITY-ST-ZIP	One N. Dale Mabry St. 601 Tampa FL 33609
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input 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	

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

3/10/98 8138730026

CR2E037 (10/97)