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

05-07-1999 90125 040 \*\*\*\*61.25

0050206

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N97000002889**

1. Corporation Name

**THE COALITION TO PROTECT AMERICA'S ELDERS, INC.**

Principal Place of Business

8094 BUCK LAKE RD  
TALLAHASSEE FL 32311  
US

Mailing Address

ONE N DALE MABRY  
HIGHWAY ST 601  
TAMPA FL 33609  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

05/21/1997

4. FEI Number

59-3482085

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 COB  
NAME WILKES, JIM  
STREET ADDRESS 1 N DALE MABRY, STE 601  
CITY-ST-ZIP TAMPA FL 33609 ☐ DELETE

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

TITLE D  
NAME MCHUGH, TIM  
STREET ADDRESS 1 N DALE MABRY, STE 601  
CITY-ST-ZIP TAMPA FL 33609 ☐ DELETE

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

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

TITLE D  
NAME SMITH, MICHAEL MD  
STREET ADDRESS 1181 SOLANO AVE  
CITY-ST-ZIP ALBANY CA 94704 ☐ DELETE

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/99 813-8730026

CR2E037 (11/98)