

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002889

FILED
Apr 30, 2004
Secretary of State**Entity Name:** THE COALITION TO PROTECT AMERICA'S ELDERS, INC.**Current Principal Place of Business:**8094 BUCK LAKE RD
TALLAHASSEE, FL 32311 US**New Principal Place of Business:****Current Mailing Address:**ONE N DALE MABRY
HIGHWAY ST 601
TAMPA, FL 33609 US**New Mailing Address:****FEI Number:** 59-3482085 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MCHUGH, TIMOTHY C
ONE N DALE MABRY HWY
STE 601
TAMPA, FL 33609 US**Name and Address of New Registered Agent:**REEVES, ELAINE L
ONE N DALE MABRY HWY
STE 601
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: ELAINE L REEVES

04/30/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** COB () Delete
Name: WILKES, JIM
Address: 1 N DALE MABRY, STE 601
City-St-Zip: TAMPA, FL 33609**Title:** D () Delete
Name: MCHUGH, TIM
Address: 1 N DALE MABRY, STE 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 () Delete
Name: SMITH, MICHAEL MD
Address: 1181 SOLANO AVE
City-St-Zip: ALBANY, CA 94704**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**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

04/30/2004

Electronic Signature of Signing Officer or Director

Date