

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (A3).

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90008 009 ****61.25

DOCUMENT # 728241

1. Entity Name

ENGLEWOOD MEALS ON WHEELS, INC.



Principal Place of Business

Mailing Address

400 LOMA LINDA
ENGLEWOOD FL 34223
US

400 LOMA LINDA
PO BOX 782
ENGLEWOOD FL 34295
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1734735

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANEWINCKEL, DEAN
2800 PLACIDA RD.
STE. 110
ENGLEWOOD FL 34224

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME SCUDDER, JEAN ☒ Delete
STREET ADDRESS 129 JOSE GASPAR DR
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE
NAME MARTHA BLENNER ☐ Change ☒ Addition
STREET ADDRESS 25 ANNAPOLIS LANE
CITY-ST-ZIP ROTONDA WEST, FL. 33947

TITLE TD
NAME SOWERS, MILDRED B ☐ Delete
STREET ADDRESS 77 WINDSOR DR
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME COURT, SANDRA ☐ Delete
STREET ADDRESS 2112 MISSISSIPPI AVE
CITY-ST-ZIP ENGLEWOOD FL 34224

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mildred B. Sowers Treasurer*

1-28-06 941-474-4445