FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB 17 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 735700 (7)

1. Corporation Name
MEALS ON WHEELS OF TAMPA, INC.

Principal Place of Business	Mailing Address
550 W. HILLSBOROUGH AVE. TAMPA FL 33603-302 US	550 W. HILLSBOROUGH AVE. TAMPA FL 33603-302 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/30/1976
3a. Date of Last Report: 02/02/1994
4. FEI Number: 59-1679915 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FUENTES, LAWRENCE E.
1407 W BUSCH BLVD
TAMPA FL 33612

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	☐ Change ☐ Addition
NAME	GOODSON, MARGARET	1.2 NAME	
STREET ADDRESS	1416 E HANNA AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	SHIMBERG, AMY	2.2 NAME	
STREET ADDRESS	10102 WHITE TROUT LN	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	ROBBINS, MARY BAKER	3.2 NAME	
STREET ADDRESS	3011 HAWTHORNE RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	ED	4.1 TITLE	☐ Change ☐ Addition
NAME	CARTER, MARILYN	4.2 NAME	
STREET ADDRESS	504 E. PARIS	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	WAGNER, ALBERT H.	5.2 NAME	
STREET ADDRESS	4204 W. PLATT ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL	5.4 CITY-ST-ZIP	
TITLE	VPD	6.1 TITLE	☐ Change ☐ Addition
NAME	PROFFITTER, CHARLSIE	6.2 NAME	
STREET ADDRESS	3011 SABAL RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Marilyn Carter
Marilyn Carter, Director
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL FILING OFFICER OR DIRECTOR

2/15/95
Date

813-238-8410
Daytime Phone #

0083410