

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735700

FILED
Feb 17, 2004
Secretary of State**Entity Name:** MEALS ON WHEELS OF TAMPA, INC.**Current Principal Place of Business:**550 W. HILLSBOROUGH AVE.
TAMPA, FL 33603302 US**New Principal Place of Business:****Current Mailing Address:**550 W. HILLSBOROUGH AVE.
TAMPA, FL 33603302 US**New Mailing Address:****FEI Number:** 59-1679915**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**JESKE, PAUL
1904 E. BUSCH BLVD.
TAMPA, FL 33612 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** SD () Delete
Name: GOODSON, MARGARET
Address: 1416 E HANNA AVE
City-St-Zip: TAMPA, FL**Title:** T () Delete
Name: COCHRAN, SUSIE
Address: 319 FERN CLIFF AVE
City-St-Zip: TEMPLE TERRACE, FL 33617**Title:** P () Delete
Name: SHIMBERG, AMY
Address: 10102 WHITE TROUT LANE
City-St-Zip: TAMPA, FL 33618**Title:** ED () Delete
Name: GORDON, DEBRA A
Address: 550 W. HILLS BOROUGH AVENUE
City-St-Zip: TAMPA, FL 33603**Title:** PP () Delete
Name: MCKAY, JOAN
Address: 3408 ALMERIA
City-St-Zip: TAMPA, FL 33629**Title:** VP () Delete
Name: HARRISON, MARY KATE
Address: 901 E KENNEDY BLVD
City-St-Zip: TAMPA, FL 33602**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:**Title:** VP (X) Change () Addition
Name: SMITH, CATHY
Address: 16204 N. FLORIDA AVENUE
City-St-Zip: TAMPA, FL 33549

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: DEBRA GORDON

MRS.

02/17/2004

Electronic Signature of Signing Officer or Director

Date