

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735700

FILED
Feb 20, 2006
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: MRS. () Delete
Name: SMITH, CATHY PRESIDE
Address: 16204 N. FLORIDA AVENUE
City-St-Zip: LUTZ, FL 33549

Title: MRS. () Delete
Name: VANN, CINDY VP
Address: 2605 HAWTHORNE CIRCLE
City-St-Zip: TAMPA, FL 33629

Title: MRS. () Delete
Name: PATTERSON, EILEEN SECRETA
Address: 19706 ANGEL LANE
City-St-Zip: ODESSA, FL 33556

Title: MS. (X) Delete
Name: GORDON, DEBRA A
Address: 550 W. HILLS BOROUGH AVENUE
City-St-Zip: TAMPA, FL 33603

Title: MR. () Delete
Name: TESMER, JOHN TREAS
Address: 108 ALAMEDA CT., APT 233
City-St-Zip: TAMPA, FL 33609

Title: MRS. () Delete
Name: SHIMBERG, AMY ASST TR
Address: 10102 WHITE TROUT LANE
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MRS. (X) Change () Addition
Name: HARAK, DONNA SECRETA
Address: 615 CHANNELSIDE DRIVE SUITE 108
City-St-Zip: TAMPA, FL 33602

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MRS. (X) Change () Addition
Name: WURDEMAN, JEAN TREAS
Address: 2223 BENDELOW TRAIL
City-St-Zip: TAMPA, FL 33629

Title: MR. (X) Change () Addition
Name: FINKEL, DAVID ASST TR
Address: 2404 JETTON AVENUE
City-St-Zip: TAMPA, FL 33629

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: CATHY SMITH

PRES

02/20/2006

Electronic Signature of Signing Officer or Director

Date