

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735700

FILED  
Feb 15, 2008  
Secretary of State

Entity Name: MEALS ON WHEELS OF TAMPA, INC.

**Current Principal Place of Business:**

550 W. HILLSBOROUGH AVE.  
TAMPA, FL 33603 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 (X)

**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: HAKAK, DONNA SECRETARY  
Address: 615 CHANNELSIDE DRIVE SUITE 108  
City-St-Zip: TAMPA, FL 33602

Title: MRS. ( ) Delete  
Name: TERRILL, LUCY TREAS  
Address: 16853 HAWTHORNE RD.  
City-St-Zip: LITHIA, FL 33547

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

Title: MR ( ) Delete  
Name: KING, STEPHEN J EXE DIR  
Address: P O. BOX 21  
City-St-Zip: DUNEDIN, FL 34697

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MRS. (X) Change ( ) Addition  
Name: SMITH, CATHY PAST PR  
Address: 16204 N. FLORIDA AVENUE  
City-St-Zip: LUTZ, FL 33549

Title: MRS. (X) Change ( ) Addition  
Name: VANN, CINDY PRESID  
Address: 2605 HAWTHORNE CIRCLE  
City-St-Zip: TAMPA, FL 33629

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 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: STEPHEN J KING

ED

02/15/2008

Electronic Signature of Signing Officer or Director

Date