

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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AND  
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50 MAY -1 AM 9:11

MANATEE COUNTY  
TALLAHASSEE, FLORIDA

|                                      |                                                                                                                                                                                       |
|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CORPORATION<br>ANNUAL REPORT<br>1995 | <br>FLORIDA DEPARTMENT OF STATE<br>Sandra H. Meier<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                              |
|--------------------------------------------------------------|
| DOCUMENT # 724615 (0)                                        |
| 1. Corporation Name<br>MEALS ON WHEELS PLUS OF MANATEE, INC. |

|                                            |                                            |
|--------------------------------------------|--------------------------------------------|
| Principal Place of Business                | Mailing Address                            |
| 811 23RD AVENUE EAST<br>BRADENTON FL 34208 | 811 23RD AVENUE EAST<br>BRADENTON FL 34208 |

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

|                                                                                                                                                  |                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| DO NOT WRITE IN THIS SPACE                                                                                                                       |                                                                           |
| 3. Date Incorporated or Qualified<br>10/24/1972                                                                                                  | 3a. Date of Last Report<br>05/13/1994                                     |
| 4. FEI Number<br>59-1420986                                                                                                                      | Applied For<br>Not Applicable                                             |
| 5. Certificate of Status Desired                                                                                                                 | <input type="checkbox"/> \$8.75 Additional Fee Required                   |
| 6. Election Campaign Financing<br>Trust Fund Contribution                                                                                        | <input type="checkbox"/> \$5.00 May Be Added to Fees                      |
| 7. Nonprofit with IRS 501(c)(3)<br>Tax Exempt Status                                                                                             | <input checked="" type="checkbox"/> \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                           |

|                                                          |  |
|----------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent          |  |
| PERREY, PHILIP E<br>1111 3RD AVE E<br>BRADENTON FL 34205 |  |

|                                                       |                |
|-------------------------------------------------------|----------------|
| 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 \_\_\_\_\_  
(Signature of Registered Agent or Registered Agent and Officer, if applicable) (Signature of Registered Agent or Registered Agent and Officer, if applicable)

|                            |                      |                                                       |                                                                   |
|----------------------------|----------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
| TITLE                      | TD                   | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WHITE, GERALD        | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 2260 17 ST W.        | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              | PALMETTO FL          | 1.4 CITY, ST, ZIP                                     |                                                                   |
| TITLE                      | PD                   | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GRAHAM, JANELLE      | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 8401 13TH AVE NW     | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              | BRADENTON, FL 00000  | 2.4 CITY, ST, ZIP                                     |                                                                   |
| TITLE                      | VD                   | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ROSS, JAN J.         | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 423 63RD STREET NW   | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              | BRADENTON FL 34209   | 3.4 CITY, ST, ZIP                                     |                                                                   |
| TITLE                      | D                    | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | KESTEN, MURRAY       | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 5601 MANATEE AVE. W. | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              | BRADENTON FL         | 4.4 CITY, ST, ZIP                                     |                                                                   |
| TITLE                      | PD                   | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PERREY, PHILIP E     | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 1111 3RD AVENUE W    | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              | BRADENTON FL         | 5.4 CITY, ST, ZIP                                     |                                                                   |
| TITLE                      | ED                   | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CAMPBELL, ELLEN J.   | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 7807 18TH AVENUE NW  | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              | BRADENTON FL 34209   | 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)(b), 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:   
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
4/27/95 813 747-4655  
Date Signature #