

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 726999 (6)

1. Corporation Name

SEBRING "MEALS ON WHEELS", INC.



Principal Place of Business

**3011 KENILWORTH BLVD
SEBRING FL 33870**

Mailing Address

**3011 KENILWORTH BLVD
SEBRING FL 33870**

3. Date Incorporated or Qualified
07/20/1973

3a. Date of Last Report
01/30/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-1463626

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLIFFORD, ABLES III M
457 S. COMMERCE AVE.
SEBRING FL 33870**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **MARINE, JAMES**
STREET ADDRESS **309 LOON AVENUE**
CITY - ST - ZIP **SEBRING FL**

TITLE **D** ☐ DELETE
NAME **FREDENBURG, VERA L.**
STREET ADDRESS **673 S.E. LAKEVIEW DR.**
CITY - ST - ZIP **SEBRING, FL 00000**

TITLE **TD** ☐ DELETE
NAME **CONRAD, EARL C.**
STREET ADDRESS **1824 KENT DR.**
CITY - ST - ZIP **SEBRING, FL 00000**

TITLE **SD** ☒ DELETE
NAME **THIELE, LOIS**
STREET ADDRESS **250 HIGHLANDS ST**
CITY - ST - ZIP **SEBRING, FL 00000**

TITLE **DV** ☐ DELETE
NAME **GEIS, GLOSTER**
STREET ADDRESS **342 POINSETTIA AVE., #205**
CITY - ST - ZIP **SEBRING, FL 00000**

TITLE **D** ☒ DELETE
NAME **JOHNSON, RUTH**
STREET ADDRESS **123 NE LAKEVIEW DR #C-1**
CITY - ST - ZIP **SEBRING, FL 00000**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **Marine, James**
1.3 STREET ADDRESS **309 Loon Avenue**
1.4 CITY - ST - ZIP **Sebring FL 33872**

2.1 TITLE **DP** ☒ Change ☐ Addition
2.2 NAME **Fredenburg, Vera L.**
2.3 STREET ADDRESS **673 S. E. Lakeview Dr.**
2.4 CITY - ST - ZIP **Sebring FL 33870**

3.1 TITLE **Same** ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP **33872**

4.1 TITLE **DS** ☐ Change ☒ Addition
4.2 NAME **Ruth Whittemore**
4.3 STREET ADDRESS **516 Poinsettia Ave.**
4.4 CITY - ST - ZIP **Sebring FL 33870**

5.1 TITLE **D** ☒ Change ☐ Addition
5.2 NAME **Geis, Gloster**
5.3 STREET ADDRESS **342 Poinsettia Ave., #205**
5.4 CITY - ST - ZIP **Sebring FL 33870**

6.1 TITLE **D/V** ☐ Change ☒ Addition
6.2 NAME **Marvin, Ken**
6.3 STREET ADDRESS **4023 Rodeo Drive N.**
6.4 CITY - ST - ZIP **Sebring FL 33872**

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: **Earl C. Conrad, TREAS.** **Apr. 1, 1996 (941) 385 7520**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)