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Feb 12 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

Mailing Address

3011 KENILWORTH BLVD  
SEBRING FL 338703011 KENILWORTH BLVD  
SEBRING FL 33870-43103. Date Incorporated or Qualified  
07/20/19733a. Date of Last Report  
04/03/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
59-1463626Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. 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

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETENAME MARINE, JAMES  
STREET ADDRESS 309 LOON AVE  
CITY-ST-ZIP SEBRING FLTITLE DP ☐ DELETENAME FREDENBURG, VERA L  
STREET ADDRESS 673 SE LAKEVIEW DR  
CITY-ST-ZIP SEBRING FLTITLE TD ☐ DELETENAME CONRAD, EARL C.  
STREET ADDRESS 1824 KENT DR.  
CITY-ST-ZIP SEBRING, FL 00000TITLE DS ☐ DELETENAME WHITTEMORE, RUTH  
STREET ADDRESS 516 POINSETTIA AVE  
CITY-ST-ZIP SEBRING FLTITLE D ☒ DELETENAME GEIS, GLOSTER  
STREET ADDRESS 342 POINSETTIA AVE #205  
CITY-ST-ZIP SEBRING FLTITLE DV ☐ DELETENAME MARVIN, KEN  
STREET ADDRESS 4023 RODEO DRIVE N  
CITY-ST-ZIP SEBRING FL1.1 TITLE DP ☐ Change ☒ Addition1.2 NAME Fredenburg, Vera L  
1.3 STREET ADDRESS 673 S.E. Lakeview Terrace  
1.4 CITY-ST-ZIP Sebring FL 338702.1 TITLE DV ☐ Change ☒ Addition2.2 NAME Vaughn, Sandy  
2.3 STREET ADDRESS 408 River Drive  
2.4 CITY-ST-ZIP Sebring FL 338723.1 TITLE DT ☐ Change ☒ Addition3.2 NAME Conrad, Earl C.  
3.3 STREET ADDRESS 1824 Kent Drive  
3.4 CITY-ST-ZIP Sebring FL 338724.1 TITLE DS ☐ Change ☒ Addition4.2 NAME Whittemore, Ruth  
4.3 STREET ADDRESS 245 Oak Avenue, #806  
4.4 CITY-ST-ZIP Sebring FL 338705.1 TITLE D ☒ Change ☐ Addition5.2 NAME Marvin, Ken  
5.3 STREET ADDRESS 4023 Rodeo Drive N.  
5.4 CITY-ST-ZIP Sebring, FL 338726.1 TITLE D ☐ Change ☒ Addition6.2 NAME Graham, Bobbie J.  
6.3 STREET ADDRESS 317 E. Main Street, Apt. 2  
6.4 CITY-ST-ZIP Avon Park FL 33825

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* EARL C. CONRAD Feb. 7, 97 (941) 385 7520  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)