

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

**22**  
City & State

**23**  
Zip

**24**  
Country

2a. Mailing Address

**26**  
Suite, Apt. #, etc.

**27**  
City & State

**28**  
Zip

**29**  
Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

**07/20/1973**

4. FEI Number

**59-1463626**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**551 S. Commerce Avenue**

**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	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FREDENBURG, VERA L.</b>	
STREET ADDRESS	<b>673 SE LAKEVIEW TERRACE</b>	
CITY - ST - ZIP	<b>SEBRING FL</b>	

TITLE	<b>DP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FREDENBURG, VERA L.</b>	
STREET ADDRESS	<b>673 SE LAKEVIEW DR</b>	
CITY - ST - ZIP	<b>SEBRING FL</b>	

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>CONRAD, EARL C.</b>	
STREET ADDRESS	<b>1824 KENT DR.</b>	
CITY - ST - ZIP	<b>SEBRING, FL 00000</b>	

TITLE	<b>DS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WHITTEMORE, RUTH</b>	
STREET ADDRESS	<b>516 POINSETTIA AVE</b>	
CITY - ST - ZIP	<b>SEBRING FL</b>	

TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>VAUGHN, SANDY</b>	
STREET ADDRESS	<b>408 RIVER DRIVE</b>	
CITY - ST - ZIP	<b>SEBRING FL</b>	

TITLE	<b>DV</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MARVIN, KEN</b>	
STREET ADDRESS	<b>4023 RODEO DRIVE N</b>	
CITY - ST - ZIP	<b>SEBRING FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Marwin Horrom</b>	
1.3 STREET ADDRESS	<b>320 Lark Avenue</b>	
1.4 CITY - ST - ZIP	<b>Sebring FL 33872</b>	

2.1 TITLE	<b>S/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Marie Tranter</b>	
2.3 STREET ADDRESS	<b>9 North Egret Street</b>	
2.4 CITY - ST - ZIP	<b>Sebring FL 33872</b>	

3.1 TITLE	<b>T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Earl C. Conrad</b>	
3.3 STREET ADDRESS	<b>1824 Kent Drive</b>	
3.4 CITY - ST - ZIP	<b>Sebring FL 33872</b>	

4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Lois Thiele</b>	
4.3 STREET ADDRESS	<b>2340 West Jackson Street</b>	
4.4 CITY - ST - ZIP	<b>Sebring FL 33870</b>	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Bobbie J. Graham</b>	
6.3 STREET ADDRESS	<b>317 E. Main St., Apt. 2</b>	
6.4 CITY - ST - ZIP	<b>Avon Park FL 33825</b>	

14. I 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 Mar. 16, 98 (941) 385 7520**

CR2E037 (1097)