

FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **724615** (0)

1. Corporation Name

MEALS ON WHEELS PLUS OF MANATEE, INC.

Principal Place of Business

**811 23RD AVENUE EAST
BRADENTON FL 34208**

Mailing Address

**811 23RD AVENUE EAST
BRADENTON FL 34208**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

10/24/1972

4. FEI Number

59-1420986

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**

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

9. Name and Address of Current Registered Agent

**ROSS, JAN J
423 63RD STREET NW
BRADENTON FL 34209**

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 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 ☐ DELETE
NAME **TD**
STREET ADDRESS **WHITE, GERALD**
CITY-ST-ZIP **2260 17 ST W.
PALMETTO FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **DURBECK, PATRICIA**
CITY-ST-ZIP **3770 PINEBROOK CIRCLE, #5
BRADENTON FL**

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **ROSS, JAN J.**
CITY-ST-ZIP **423 63RD STREET NW
BRADENTON FL**

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **KESTEN, MURRAY**
CITY-ST-ZIP **5601 MANATEE AVE. W.
BRADENTON FL**

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **KEMP, WILLIAM J**
CITY-ST-ZIP **4706 34TH AVENUE WEST
BRADENTON FL**

TITLE ☐ DELETE
NAME **ED**
STREET ADDRESS **CAMPBELL, ELLEN J.**
CITY-ST-ZIP **7807 18TH AVENUE NW
BRADENTON FL 34209**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-98
Date

941-747-4655
Daytime Phone #

0063969

CR2E037 (10/97)