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Apr 09, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 726999

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		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/20/1973	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1463626	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

9. Name and Address of Current Registered Agent

CLIFFORD, ABLES III M
551 S COMMERCE AVE
SEBRING FL 33870

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDRR <input type="checkbox"/> DELETE	1.1 TITLE	only P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORROM, MARWIN	1.2 NAME	
STREET ADDRESS	320 LARK AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33872	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRANter, MARIE	2.2 NAME	
STREET ADDRESS	9 N EGRET ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33872	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONRAD, EARL C.	3.2 NAME	
STREET ADDRESS	1824 KENT DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING, FL 00000 33872	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THIELE, LOIS	4.2 NAME	
STREET ADDRESS	2340 W JACKSON ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33870	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	only D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHN, SANDY	5.2 NAME	
STREET ADDRESS	408 RIVER DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, BOBBIE J.	6.2 NAME	Isadore Roberson
STREET ADDRESS	317 E MAIN ST APT 2	6.3 STREET ADDRESS	3321 Valerie Blvd. Sebring FL
CITY-ST-ZIP	AVON PARK FL 33825	6.4 CITY-ST-ZIP	33870

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, on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-11/98