

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726999

FILED
Jan 10, 2010
Secretary of State

Entity Name: SEBRING "MEALS ON WHEELS", INC.

Current Principal Place of Business:

700 S PINE ST.
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 169
SEBRING, FL 33870

New Mailing Address:

P.O. BOX 169
SEBRING, FL 33871

FEI Number: 59-1463626

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: FERNSLER, GENE
Address: 129 SPARROW AVE
City-St-Zip: SEBRING, FL 33872

Title: D
Name: DRESSEL, JEFF
Address: 4063 SANTA BARBARA DR
City-St-Zip: SEBRING, FL 33875

Title: T
Name: STAIK, PAUL
Address: 409 GRAND PRIX DR
City-St-Zip: SEBRING, FL 33872

Title: S
Name: THARPE, LAUREL
Address: 4007 BRIARIDGE CIR
City-St-Zip: SEBRING, FL 33870

Title: D
Name: BURNSIDE, ED
Address: 4846 SUN N LAKE BLVD
City-St-Zip: SEBRING, FL 33872

Title: D
Name: KERN, RICHARD L
Address: 317 THRUSH AVE
City-St-Zip: SEBRING, FL 33872

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAUL STAIK

TRES

01/10/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date