

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726999

Entity Name: SEBRING "MEALS ON WHEELS", INC.**Current Principal Place of Business:**700 S PINE ST.
SEBRING, FL 33870**Current Mailing Address:**P.O. BOX 169
SEBRING, FL 33871**FEI Number: 59-1463626****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CLIFFORD, ABLES III M
551 S COMMERCE AVE
SEBRING, FL 33870 US*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**Officer/Director Detail :**

Title	PRES
Name	FERNISLER, EUGENE
Address	129 SPARROW AVENUE
City-State-Zip:	SEBRING FL 33870

Title	TRES
Name	LAYNE, RON
Address	201 COMMERCIAL CT
City-State-Zip:	SEBRING FL 33876

Title	DIR
Name	CRORKEN, ANDREW
Address	3024 OAKHILL DRIVE
City-State-Zip:	AVON PARK FL 33825

Title	DIRECTOR
Name	AUSTIN, STEVE
Address	725 S. PINE ST
City-State-Zip:	SEBRING FL 33870

Title	V P
Name	MERCER, JULIA B
Address	3806 HUBBEL AVENUE
City-State-Zip:	SEBRING FL 33875

Title	SEC
Name	DIXON, EDWARD
Address	108 LAKESIDE ROAD
City-State-Zip:	SEBRING FL 33870

Title	DIR
Name	DIONNE, JOSEPH
Address	217 RAIL AVENUE
City-State-Zip:	SEBRING FL 33872

Title	DIRECTOR
Name	PIPKIN, DEBBIE
Address	3616 CREEKSIDE DR
City-State-Zip:	SEBRING FL 33875

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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: RON LAYNE**TREASURER****03/05/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name OSWALD, BEN
Address 3127 HOLIDAY BEACH DRIVE
City-State-Zip: AVON PARK FL 33825

Title DIRECTOR OF OPERATIONS
Name STAIK, MARY M
Address 409 GRAND PRIX DR
City-State-Zip: SEBRING FL 33872

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