

2016 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: Yes****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 PRESIDENT
Name LAYNE, DAVE
Address 700 S PINE ST.
City-State-Zip: SEBRING FL 33870

Title TREASURER
Name STAIK, PAUL
Address 700 S PINE ST.
City-State-Zip: SEBRING FL 33870

Title DIRECTOR
Name CRORKEN, ANDREW
Address 700 S PINE ST.
City-State-Zip: SEBRING FL 33870

Title DIRECTOR
Name MERCER, JULIA B
Address 700 S PINE ST.
City-State-Zip: SEBRING FL 33870

Title VP
Name YOUNG, MICHAEL
Address 700 S PINE ST.
City-State-Zip: SEBRING FL 33870

Title SECRETARY
Name PIPKIN, DEBRA
Address 700 S PINE ST.
City-State-Zip: SEBRING FL 33870

Title DIRECTOR
Name FERNSLER, EUGENE
Address 700 S PINE ST.
City-State-Zip: SEBRING FL 33870

Title DIRECTOR
Name OSWALD, BEN
Address 700 S PINE ST.
City-State-Zip: SEBRING FL 33870

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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: PAUL STAIK**TREASURER****03/14/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name LU, EDWARDS
Address 700 S PINE ST.
City-State-Zip: SEBRING FL 33870

Title DIRECTOR
Name DIXON, ED
Address 700 S PINE ST.
City-State-Zip: SEBRING FL 33870