

**2017 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            GORMAN, LAURA  
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****03/20/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title               DIRECTOR OF OPERATIONS  
Name               STAIK, MARY M  
Address            33103 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