

**2021 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 US**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            RACE, BRIAN  
Address        P O BOX 169  
City-State-Zip: SEBRING FL 33871

Title            VP  
Name            LAMP, PAMELA  
Address        P O BOX 169  
City-State-Zip: SEBRING FL 33871

Title            TREASURER  
Name            STAIK, PAUL  
Address        P O BOX 169  
City-State-Zip: SEBRING FL 33871

Title            SECRETARY  
Name            LEGAL, JUDY  
Address        P O BOX 169  
City-State-Zip: SEBRING FL 33871

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        P O BOX 169  
City-State-Zip: SEBRING FL 33871

Title            DIRECTOR  
Name            KAREN, DAVENPORT  
Address        P O BOX 169  
City-State-Zip: SEBRING FL 33871

Title            DIRECTOR  
Name            GORMAN, LAURA  
Address        P O BOX 169  
City-State-Zip: SEBRING FL 33871

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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****04/10/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                LAYNE, DAVE  
Address             P O BOX 169  
City-State-Zip:    SEBRING FL 33871

Title                 DIRECTOR  
Name                MERCER, JULIA  
Address             P O BOX 169  
City-State-Zip:    SEBRING FL 33871

Title                 DIRECTOR  
Name                FORE, WANDA  
Address             P O BOX 169  
City-State-Zip:    SEBRING FL 33871