

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726999

Entity Name: SEBRING "MEALS ON WHEELS", INC.**Current Principal Place of Business:**3840 LAKEVIEW DRIVE
APT #4
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 TREASURER
Name STAIK, PAUL
Address P O BOX 169
City-State-Zip: SEBRING FL 33871

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

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

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

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

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

03/12/2024

Electronic Signature of Signing Officer/Director Detail

Date