2018 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

Name and Address of Current Registered Agent:

CLIFFORD, ABLES III M 551 S COMMERCE AVE SEBRING, FL 33870 US

Certificate of Status Desired: Yes

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

Officer/Director Detail :

Omoci/Dire			
Title	PRESIDENT	Title	VP
Name	LAYNE, DAVE	Name	YOUNG, MICHAEL
Address	P O BOX 169	Address	P O BOX 169
City-State-Zip:	SEBRING FL 33871	City-State-Zip:	SEBRING FL 33870
Title	TREASURER	Title	SECRETARY
Name	STAIK, PAUL	Name	PIPKIN, DEBRA
Address	P O BOX 169	Address	P O BOX 169
City-State-Zip:	SEBRING FL 33871	City-State-Zip:	SEBRING FL 33871
Title	DIRECTOR	Title	DIRECTOR
Title Name	DIRECTOR LAMP, PAMELA	Title Name	DIRECTOR GORMAN, LAURA
Name Address	LAMP, PAMELA	Name	GORMAN, LAURA P O BOX 169
Name Address	LAMP, PAMELA P O BOX 169	Name Address	GORMAN, LAURA P O BOX 169
Name Address City-State-Zip:	LAMP, PAMELA P O BOX 169 SEBRING FL 33871	Name Address City-State-Zip:	GORMAN, LAURA P O BOX 169 SEBRING FL 33871
Name Address City-State-Zip: Title	LAMP, PAMELA P O BOX 169 SEBRING FL 33871 DIRECTOR	Name Address City-State-Zip: Title	GORMAN, LAURA P O BOX 169 SEBRING FL 33871 DIRECTOR
Name Address City-State-Zip: Title Name Address	LAMP, PAMELA P O BOX 169 SEBRING FL 33871 DIRECTOR MERCER, JULIA B	Name Address City-State-Zip: Title Name Address	GORMAN, LAURA P O BOX 169 SEBRING FL 33871 DIRECTOR GORMAN, LAURA

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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

03/25/2018

Electronic Signature of Signing Officer/Director Detail

Date

FILED Mar 25, 2018 Secretary of State CC4318475029

Date

Officer/Director Detail Continued :

DIRECTOR OF OPERATIONS	Title	DIRECTOR
STAIK, MARY M	Name	DIXON, ED
33103 GRAND PRIX DR	Address	P O BOX 169
SEBRING FL 33872	City-State-Zip:	SEBRING FL 33871
	Title	
DIRECTOR	Title	DIRECTOR
LU, EDWARDS	Name	RICHARD, PIPKIN
P O BOX 169	Address	P O BOX 169
SEBRING FL 33871	City-State-Zip:	SEBRING FL 33871
DIRECTOR		
THOMAS, JEWEL		
P O BOX 169		
	STAIK, MARY M 33103 GRAND PRIX DR SEBRING FL 33872 DIRECTOR LU, EDWARDS P O BOX 169 SEBRING FL 33871 DIRECTOR THOMAS, JEWEL	STAIK, MARY MName33103 GRAND PRIX DRAddressSEBRING FL 33872City-State-Zip:DIRECTORTitleLU, EDWARDSNameP O BOX 169AddressSEBRING FL 33871City-State-Zip:DIRECTORTitleHOMAS, JEWELState-Zip:

City-State-Zip: SEBRING FL 33871