#### 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000005874

Entity Name: MEALS ON WHEELS OF THE PALM BEACHES, INC.

FILED Feb 26, 2016 Secretary of State CC3048688724

## **Current Principal Place of Business:**

1300 S. OLIVE AVENUE WEST PALM BEACH, FL 33401

## **Current Mailing Address:**

P.O. BOX 247

WEST PALM BEACH. FL 33402-0247 US

FEI Number: 27-2891297 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CALZADILLA, PAM 1300 SOUTH OLIVE AVENUE WEST PALM BEACH, FL 33401 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: PAM CALZADILLA 02/26/2016

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title	PRESIDENT/EXECUTIVE DIRECTOR	Title	CHAIR OF THE BOARD
Name	CALZADILLA, PAM	Name	DAVIDSON, ALYSON
Address	1300 SOUTH OLIVE AVENUE	Address	941 AUGUSTA POINTE

City-State-Zip: WEST PALM BEACH FL 33401 City-State-Zip: PALM BEACH GARDENS FL 33418

TitleDIRECTORTitleTREASURER/DIRECTORNameSPRESSER, KIRKNameWOODS, MARTIN

Address 9073 BRECKENRIDGE LANE Address 505 S. FLAGLER DRIVE 900

City-State-Zip: EDEN PRAIRIE MN 55347

City-State-Zip: WEST PALM BEACH FL 33401

Title VICE CHAIR Title DIRECTOR

NameKIRKPATRICK, SUSANNameJONES, PHILLISAddress282 BARCELONA ROADAddress5241 COUNTER PLAY

City-State-Zip: WEST PALM BEACH FL 33401 City-State-Zip: PALM BEACH GARDENS FL 33418

Title SECRETARY Title DIRECTOR

Name STUBBS, SIDNEY A JR. Name LEW-JACOBS, MARILYN

Address 505 SOUTH FLAGLER DRIVE Address 2161 PALM BEACH LAKES BLVD, #450

City-State-Zip: WEST PALM BEACH FL 33401

City-State-Zip: WEST PALM BEACH FL 33409

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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: PAM CALZADILLA PRESIDENT 02/26/2016

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name LOGRASSO, PHILIP Name PITALE, ANGELA J

Address 118 SEGOVIA WAY Address 105 BEACH SUMMIT COURT

City-State-Zip: JUPITER FL 33458 City-State-Zip: JUPITER FL 33477