

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000005874

**Entity Name:** MEALS ON WHEELS OF THE PALM BEACHES, INC.**Current Principal Place of Business:**1300 SOUTH 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

03/12/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, CEO  
Name           CALZADILLA, PAM  
Address        1300 SOUTH OLIVE AVENUE  
City-State-Zip: WEST PALM BEACH FL 33401

Title            TREASURER  
Name           JENKINS, JAMES C  
Address        7610 S FLAGLER DRIVE  
City-State-Zip: WEST PALM BEACH FL 33405

Title            SECRETARY  
Name           PITALE, ANGELA  
Address        105 BEACH SUMMIT COURT  
City-State-Zip: JUPITER FL 33477

Title            DIRECTOR/CHAIR OF THE BOARD  
Name           KIRKPATRICK, SUSAN  
Address        282 BARCELONA ROAD  
City-State-Zip: WEST PALM BEACH FL 33401

Title            DIRECTOR  
Name           COPPAGE, GAIL  
Address        11 RABBITS RUN  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title            DIRECTOR  
Name           DEBRULE, ELIZABETH  
Address        211 LINDA LANE  
City-State-Zip: WEST PALM BEACH FL 33405

Title            DIRECTOR  
Name           MARRO, PAUL A  
Address        3679 HISTORIC LANE  
City-State-Zip: WEST PALM BEACH FL 33405

Title            DIRECTOR  
Name           KOENIG, DEBBI L.  
Address        18 HARBOR DRIVE  
City-State-Zip: LAKE WORTH FL 33460

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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:** PAMELA CALZADILLA

CEO

03/12/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                EMMETT, GERI  
Address             143 SEMINOLE AVE.  
City-State-Zip:    PALM BEACH FL 33480

Title                VP  
Name                MICOLUCCI, CHRISTOPHER E  
Address             2508 PEPPERWOOD CIRCLE S  
City-State-Zip:    PALM BEACH GARDENS FL 33410

Title                DIRECTOR  
Name                TOMEIO, LOUIS  
Address             4214 QUILL CIRCLE  
City-State-Zip:    LAKE WORTH FL 33467