

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 722163 (3)
1. Corporation Name
MEALS ON WHEELS OF LEE COUNTY, FLORIDA, INC.



Principal Place of Business Mailing Address
WLEE MEMORIAL HOSPITAL
CLEVELAND CAMPUS, OLDER ADULT SVCS
FT MYERS FL 33916
US
PO BOX 642
FT. MYERS FL 33902
US

3. Date Incorporated or Qualified 11/29/1971 3a. Date of Last Report 03/02/1995
4. FEI Number 59-1458037 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

CATZ, ROCHELLE Z
13161 MCGREGOR BLVD.
FT. MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	FALLERT, HELEN	5099 FAIRFIELD DR.	FT. MYERS FL 33919	<input checked="" type="checkbox"/>
D	ORAVEC, MAUREEN	2874 WINKLER AVE	FT MYERS FL	<input checked="" type="checkbox"/>
VD	CLAY, ELIZABETH	8895 COLLEGE PKY., #202	FT. MYERS FL 33919	<input checked="" type="checkbox"/>
TD	NEWMAN, PAUL	2874 WINKLER AVE	FT. MYERS FL	<input checked="" type="checkbox"/>
SD	FRANK, TERESA	P.O. DRAWER 2218 N/A	FT. MYERS FL 33902	<input checked="" type="checkbox"/>
D	MYTHOLAR, DOROTHY	1811 RHONDA ST.	FT. MYERS FL 33901	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
PD	FRANK, TERESA	PO Drawer 2218 N/A	Ft. Myers, FL 33902	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	BOGUE, BARNEY	7400-2B College Parkway	Ft. Myers, FL 33907	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	MC GUIRE, PATRICK	12730 New Brittany Blve, #411	Ft. Myers, FL 33907	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	FALLERT, HELEN	5099 Fairfield Dr.	Ft. Myers, FL 33919	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
		300001800443	-04/30/96--01009--019	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition
		***61.25		<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96

941-334-5949

CR2E037 (12/95)