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Jan 27 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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

%LEE MEMORIAL HOSPITAL  
CLEVELAND CAMPUS, OLDER ADULT SVCS  
FT MYERS FL 33916  
US

PO BOX 642  
FT. MYERS FL 33902-0642  
US

3. Date Incorporated or Qualified  
11/29/1971

3a. Date of Last Report  
04/29/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME FRANK, TERESA  
STREET ADDRESS PO DRAWER 2218 N A  
CITY-ST-ZIP FT. MYERS FL 33902

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD  
NAME BOGUE, BARNEY  
STREET ADDRESS 7400-2B COLLEGE PKWY  
CITY-ST-ZIP FT MYERS FL 33907

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE TD  
NAME MCGUIRE, PATRICK  
STREET ADDRESS 12730 NEW BRITTANY BLVD. #411  
CITY-ST-ZIP FT. MYERS FL 33907

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME FALLERT, HELEN  
STREET ADDRESS 5099 FAIRFIELD DR.  
CITY-ST-ZIP FT MYERS FL 33919

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME MYTHOLAR, DOROTHY  
STREET ADDRESS 1811 RHONDA ST.  
CITY-ST-ZIP FT MYERS FL 33901

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Patrick McGuire* PATRICK MCGUIRE

1/17/97

941-936-2464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0088920

CR2E037 (9/96)