


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				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 %LEE MEMORIAL HOSPITAL CLEVELAND CAMPUS. OLDER ADULT SVCS FT MYERS FL 33916 US		Mailing Address PO BOX 642 FT. MYERS FL 33902 US			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/29/1971 4. FEI Number 59-1458037 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		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 85 Zip Code FL		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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK, TERESA		1.2 NAME	Stephen Hooper	
STREET ADDRESS	PO DRAWER 2218 N A		1.3 STREET ADDRESS	Lee Justice Center 1700 Monroe St.	
CITY-ST-ZIP	FT. MYERS FL 33902		1.4 CITY-ST-ZIP	Ft. Myers, FL 33901	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE		
NAME	BOGUE, BARNEY		2.2 NAME		
STREET ADDRESS	7400-2B COLLEGE PKWY		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33907		2.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGUIRE, PATRICK		3.2 NAME		
STREET ADDRESS	12730 NEW BRITTANY BLVD. #411		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33907		3.4 CITY-ST-ZIP	Director	
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	David Browe	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALLERT, HELEN		4.2 NAME	6238 Presidential Court, Suite 4-B	
STREET ADDRESS	5099 FAIRFIELD DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33919		4.4 CITY-ST-ZIP	Ft. Myers, FL 33919	
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYTHOLAR, DOROTHY		5.2 NAME	Celia Bugg Hill	
STREET ADDRESS	1811 RHONDA ST.		5.3 STREET ADDRESS	3406 Palm Beach Blvd.	
CITY-ST-ZIP	FT MYERS FL 33901		5.4 CITY-ST-ZIP	Ft. Myers, FL 33916	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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: *Stephen Hooper, President* 1/26/98 941-335-2654

CR2E037 (10/97)