


FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90155 035 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 722163					
1. Corporation Name MEALS ON WHEELS OF LEE COUNTY, FLORIDA, INC.					
Principal Place of Business 9666 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		2a. Mailing Address 26		3. Date Incorporated or Qualified 11/29/1971	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-1458037	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 29		Country 30		7. Trust Fund Contribution <input type="checkbox"/>	

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOOPER, STEPHEN D			1.2 NAME	Celia B. Hill	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	LEE JUSTICE CENTER 1700 MONROE ST			1.3 STREET ADDRESS	3406 Palm Beach Blvd	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY-ST-ZIP	FT MYERS FL 33901			1.4 CITY-ST-ZIP	FT MYERS, FL 33916	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BOGUE, BARNEY			2.2 NAME	Jerry Elliott	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	7400-2B COLLEGE PKWY			2.3 STREET ADDRESS	8250 College Park way	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY-ST-ZIP	FT MYERS FL 33907			2.4 CITY-ST-ZIP	FT MYERS, FL 33919	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	TD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	Past President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCGUIRE, PATRICK			3.2 NAME	Hooper, Stephen D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	12730 NEW BRITTANY BLVD. #411			3.3 STREET ADDRESS	Lee Justice Center 1700 Monroe St	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY-ST-ZIP	FT. MYERS FL 33907			3.4 CITY-ST-ZIP	FT MYERS, FL 33901	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BROWE, DAVID			4.2 NAME	Marilee Tihen Sarchet	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	6238 PRESIDENTIAL CT STE 4B			4.3 STREET ADDRESS	7275 Concourse Drive	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY-ST-ZIP	FT MYERS FL 33901			4.4 CITY-ST-ZIP	FT MYERS, FL 33908	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HILL, CELIA B			5.2 NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	3406 PALM BCH, BLVD			5.3 STREET ADDRESS		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY-ST-ZIP	FT MYERS FL 33916			5.4 CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS				6.3 STREET ADDRESS		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY-ST-ZIP				6.4 CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE:

Celia B. Hill
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/99
 Date

(941) 338-3232
 Daytime Phone #

CR2E037 (11/98)