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Secretary of State

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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: %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	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	11/29/1971
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1458037
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
29	30	6. Election Campaign Financing Trust Fund Contribution
		<input type="checkbox"/> \$5.00 May Be Added to Fees

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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 D
STREET ADDRESS	LEE JUSTICE CENTER 1700 MONROE ST	1.3 STREET ADDRESS	3406 Palm Beach Blvd
CITY-ST-ZIP	FT MYERS FL 33901	1.4 CITY-ST-ZIP	FT MYERS, FL 33916
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 D
STREET ADDRESS	7400-2B COLLEGE PKWY	2.3 STREET ADDRESS	8250 College Park way
CITY-ST-ZIP	FT MYERS FL 33907	2.4 CITY-ST-ZIP	FT MYERS, FL 33919
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
STREET ADDRESS	12730 NEW BRITANNY BLVD. #411	3.3 STREET ADDRESS	Lee Justice Center 1700 Monroe St
CITY-ST-ZIP	FT. MYERS FL 33907	3.4 CITY-ST-ZIP	FT MYERS, FL 33901
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 Tihan Sarchet D
STREET ADDRESS	6238 PRESIDENTIAL CT STE 4B	4.3 STREET ADDRESS	7275 Concourse Drive
CITY-ST-ZIP	FT MYERS FL 33901	4.4 CITY-ST-ZIP	FT MYERS, FL 33908
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	HILL, CELIA B	5.2 NAME	
STREET ADDRESS	3406 PALM BCH, BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33916	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
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)(f), 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 **UNRECORDED** 2/12/99 (941) 338-3232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)