

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722163

FILED
Sep 06, 2005
Secretary of State

Entity Name: MEALS ON WHEELS OF LEE COUNTY, FLORIDA, INC.

Current Principal Place of Business:

%LEE MEMORIAL HOSPITAL
2776 CLEVELAND AVE.
FORT MYERS, FL 33901 US

New Principal Place of Business:

4040 PALM BEACH BLVD
FORT MYERS, FL 33905 US

Current Mailing Address:

PO BOX 642
FT. MYERS, FL 33902 US

New Mailing Address:

FEI Number: 59-1458037 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MEYERING, TERRY
13990 REFLECTION LAKES DR
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

OWEN, SARAH
4040 PALM BEACH BLVD
FORT MYERS, FL 33905 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SARAH OWEN

09/06/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PPD () Delete
Name: ELLIOTT, JERRY
Address: 8250 COLLEGE PARK WAY
City-St-Zip: FT MYERS, FL 33919

Title: PD () Delete
Name: L'HEUREUX, JANETTE
Address: 12771 WORLD PLAZA LN STE 2
City-St-Zip: FORT MYERS, FL 33907

Title: TD () Delete
Name: MEYERING, TERRY
Address: 13990 REFLECTION LAKES DR
City-St-Zip: FORT MYERS, FL 33907

Title: VPD (X) Delete
Name: CARBONE, JANNELLE
Address: 9470 HEALTH PARK CIRCLE
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCGEE, JOHN
Address: 4040 PALM BEACH BLVD
City-St-Zip: FT MYERS, FL 33905

Title: VP (X) Change () Addition
Name: LA CROIX, MINETTE L
Address: 4040 PALM BEACH BLVD
City-St-Zip: FORT MYERS, FL 33905

Title: T (X) Change () Addition
Name: IMANUEL, MAUREEN
Address: 4040 PALM BEACH BLVD
City-St-Zip: FORT MYERS, FL 33905

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MINETTE L. LA CROIX

VP

09/06/2005

Electronic Signature of Signing Officer or Director

Date