FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90136 018 ****61.25

DOCL	JMFNT#	722362

1. Corporation Name

COMMUNITY MOBILE MEALS OF SARASOTA COUNTY, INC.									
Principal Place	e of Business	Mailing Address			\dashv				
421 LIME AVE P O BOX 786 SARASOTA FL US		P. O. BOX 786 P O BOX 786 SARASOTA FL 34230-0786 US						The state of the s	
2. Principal P	Place of Business	2a. Mailing Address				3. Date Incorporated or Qualifed 01/03/1972			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number	•		Applied For
22	.,	27				59-1391249		_ 	Not Applicable
City & State	e	City & State				5. Certifcate of Status Desired			5 Additional Required
Zip	Country	Zip	Country	,		6. Election Campaign Financing		\$5.0	0 May Be
24	25	29 3	30			Trust Fund Contribution		•	ed to Fees
·	9. Name and Address of Current	Registered Agent				10. Name and Address of New I	Registered	Agent	
			81	Name	ı —				٠,
T. RAYMO	OND SUPLEE		82	Street	Address	(P.O. Box Number is Not Accepta	able)		
1770 WOO				<u> </u>			·		
	TA FL. FL 34236		83						
			84	City			FL	85 Zi	ip Code
office or re	to the provisions of Sections 617.0502 registered agent, or both, in the State our familiar with, and accept the obligati	of Florida. Such change was aut	thorized by	the corpo	l corporati poration's	tion submits this statement for the board of directors. I hereby acce	purpose of pt the appoi	changing ntment as	its registered registered
SIGNATURE	Signature, typed or printed name of registered agent		Registered Agen		required whe	en reinstating)	DATE		
12.	OFFICERS AND	<u></u>	13.	it organization		ADDITIONS/CHANGES TO OF		D DIREC	TORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE					Chang	ge Addition
NAME	TINSLEY, MARGIE		1.2 NAME						
STREET ADDRESS			1.3 STREET	T ADDRESS	;				
CITY+ST-ZIP	SARASOTA FL		1.4 CITY+S1	T-ZIP	l				
TITLE	TD	☐ DELETE	2.1 TITLE					Chang	je Addition
NAME	CLARK, JAMES R		2.2 NAME						
STREET ADDRESS			2.3 STREËT	r address	i .				
CITY-ST-ZIP	SARASOTA FL		2. 4 CITY- S	T-ZIP	<u></u>			-	
TITLE	VPD	☐ DELETE	3.1 TITLE					Chang	ge Addition
NAME	ISAACS, B L		3.2 NAME						
STREET ADDRESS	1770 WOOD ST		3.3 STREET	ADDRESS					
CITY-ST-ZIP	SARASOTA FL		3.4. CITY-S	T-ZIP	<u> </u>				
TITLE	S	☐ DELETE	4.1 TITLE	Ì	Ì	I	I	☐ Chang	je 🗌 Addition
NAME	TRAYNOR, JANET		4. 2 NAME						
STREET ADDRESS	1770 WOOD ST		4.3 STREET	ADDRESS					
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST	r-zrp	 				
TITLE	l	☐ DELETE	5.1 TITLE					☐ Chang	ge Addition
NAME	1		5.2 NAME	- :					
STREET ADDRESS	ı		5.3 STREET	- 1					
CITY-ST-ZiP		— Delete	5.4 CITY-S1 6.1 TITLE	r-ZIP	—			Chann	- Addition
TITLE	I	☐ DELETE						Chang	e Addition
NAME	1		6.2 NAME						

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 charged, or on in attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

ASCNOYUSE REQUIRED

ATTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/99

914-351-7516

Dardima Bhana f

OE027 (44/09)