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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 722362

1. Corporation Name

COMMUNITY MOBILE MEALS OF SARASOTA COUNTY, INC.

Principal Place of Business

421 LIME AVE. P O BOX 786 SARASOTA FL 34236-4116 US

Mailing Address

P. O. BOX 786 P O BOX 786 SARASOTA FL 34230-0786 US



2. Principal Place of Business, 2a. Mailing Address, 3. Date Incorporated or Qualified, 4. FEI Number, 5. Certificate of Status Desired, 6. Election Campaign Financing

9. Name and Address of Current Registered Agent, 10. Name and Address of New Registered Agent

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.

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

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.

SIGNATURE: [Signature] SIGNATURE REQUIRED 2/3/99 914-351-7516

CR2E037 (1/98)