


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90071 016 \*\*\*\*61.25

<b>DOCUMENT # 722362</b>	
1. Entity Name <b>COMMUNITY MOBILE MEALS OF SARASOTA COUNTY, INC.</b>	

Principal Place of Business <b>421 LIME AVE. SARASOTA FL., 34236-4116 US</b>	Mailing Address <b>P. O. BOX 178 SARASOTA, FL 34230-0786 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01192006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-1391249</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**T. RAYMOND SUPLEE  
1770 WOOD ST.  
SARASOTA FL., FL 34236**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

8. 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. I am familiar with, and accept the obligations of registered agent.

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

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	Make check payable to <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TRAYNOR, JANET <input checked="" type="checkbox"/> Delete 1770 WOOD ST SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DER GARRY, CHARLOTTE <input checked="" type="checkbox"/> Delete 1770 WOOD ST SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JEFFERS, STANLEY <input checked="" type="checkbox"/> Delete 9622 KNIGHTSBRIDGE CIR. SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PIERCE, JAMES <input checked="" type="checkbox"/> Delete P.O. BOX 2995 SARASOTA, FL 34230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRAYNOR, JANET <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5562 GOLF POINTE DR SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RICHARD WETHE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4341 REFLECTION PKWY SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHARLOTTE DER GARRY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5215 INVERNESS DR SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DONALD TURRELL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4232 SHADE AVE N SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Donald K Turrell Donald K Turrell 1/28/06 941-351-5170  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #