

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # 722362
 1. Entity Name
COMMUNITY MOBILE MEALS OF SARASOTA COUNTY, INC.



Principal Place of Business
421 LIME AVE.
SARASOTA FL., 34236-4116 US

Mailing Address
P. O. BOX 178
SARASOTA, FL 34230-0786 US

DO NOT WRITE IN THIS SPACE



01062007 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRAYNOR, JANET 5562 GOLF POINTE DR SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WETHE, RICHARD 4341 REFLECTION PKWY SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DER GARRY, CHARLOTTE 5215 INVGRNESS DR SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TURRELL, DONALD 4232 SHADE AVE N SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/24/07-80063-017 61.25

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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, TREASURER *Donald K Turrell* 4/10/07 941-351-5170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #