2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# 722362

Entity Name: COMMUNITY MOBILE MEALS OF SARASOTA COUNTY, INC.

Current Principal Place of Business:

421 LIME AVE.
SARASOTA FL., 342364116 US

New Principal Place of Business:

421 N. LIME AVE.
SARASOTA, FL 34237 US

Current Mailing Address:

P. O. BOX 178
SARASOTA, FL 342300786 US

New Mailing Address:

P.O. BOX 178
SARASOTA, FL 34230 US

FEI Number: 59-1391249 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

T. RAYMOND SUPLEE
800 SOUTH OSPREY AVE
SARASOTA FL., FL 34236-783 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: _____ 04/07/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	TRAYNOR, JANET	
Address:	5562 GOLF POINTE DR	
City-St-Zip:	SARASOTA, FL 34243	
Title:	VD	( ) Delete
Name:	WETHE, RICHARD	
Address:	4341 REFLECTION PKWY	
City-St-Zip:	SARASOTA, FL 34233	
Title:	SD	( ) Delete
Name:	MCGEE, RAMONA	
Address:	5316 DOMENICA CIRCLE	
City-St-Zip:	SARASOTA, FL 34233	
Title:	TD	( ) Delete
Name:	TURRELL, DONALD	
Address:	4232 SHADE AVE N	
City-St-Zip:	SARASOTA, FL 34234	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DONALD K. TURRELL TD 04/07/2009
Electronic Signature of Signing Officer or Director — Date