

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 20, 2010
Secretary of State

DOCUMENT# 722457

Entity Name: NORTH PORT MEAL'S ON WHEELS, INC.**Current Principal Place of Business:**4285 N.W. WESLEY LN.
NORTH PORT, FL 34287**New Principal Place of Business:****Current Mailing Address:**4285 N.W. WESLEY LN.
NORTH PORT, FL 34287**New Mailing Address:****FEI Number:** 59-2106997**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**F. RONALD KRUZEL, JR. C/O MEALS ON WHEELS
4285 N.W. WESLEY LN.
NORTH PORT, FL 34287 US**Name and Address of New Registered Agent:**DANIEL LYONS, C/O NORTH PORT MEALS ON WHEELS
4285 N.W. WESLEY LN.
NORTH PORT, FL 34287 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: DANIEL LYONS

04/20/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: LYONS, DANIEL
Address: 8579 BESSEMER AVE.
City-St-Zip: NORTH PORT, FL 34287

Title: S
Name: PROHASKA, GERI
Address: 3169 GREENDALE ROAD
City-St-Zip: NORTH PORT, FL 34287

Title: VPD
Name: BACHAN, SHARMA
Address: C/O PENINSULA BANK, 4300 AIDAN LANE
City-St-Zip: NORTH PORT, FL 34287

Title: TD
Name: ROGOWSKI, CAROLYN
Address: 1347 LANSDALE AVE.
City-St-Zip: NORTH PORT, FL 34286

I hereby 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 all other like empowered.

SIGNATURE: CAROLYN R. ROGOWSKI

TD

04/20/2010

Electronic Signature of Signing Officer or Director

Date