

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 722457

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**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:**

DANIEL LYONS, C/O NORTH PORT MEALS ON WHEELS  
4285 N.W. WESLEY LN.  
NORTH PORT, FL 34287 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

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: KING, ROBERT L  
Address: 1513 URMEY LANE  
City-St-Zip: NORTH PORT, FL 34286 87

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: SHARMA BACHAN

VPD

02/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date