

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 23, 2012**  
**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:**SHARMA BACHAN 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:** BACHAN, SHARMA  
**Address:** C/O FCB 4300 AIDAN LANE  
**City-St-Zip:** NORTH PORT, FL 34287

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

**Title:** TD  
**Name:** CROCKER, NANCY  
**Address:** 1810 GORHAM ST.  
**City-St-Zip:** NORTH PORT, FL 34288

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

PD

06/23/2012

Electronic Signature of Signing Officer or Director

Date