

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 724615 (0)

1. Corporation Name
MEALS ON WHEELS PLUS OF MANATEE, INC.



Principal Place of Business: 811 23RD AVENUE EAST BRADENTON FL 34208
Mailing Address: 811 23RD AVENUE EAST BRADENTON FL 34208

3. Date Incorporated or Qualified: 10/24/1972
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number 59-1420986	Applied For	
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	27	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	28	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes <input type="checkbox"/> No
25	Country	29	Country				
30							

9. Name and Address of Current Registered Agent

PERREY, PHILIP E
1111 3RD AVE E
BRADENTON FL 34205

10. Name and Address of New Registered Agent

81	Name	Jan J. Ross	
82	Street Address (P.O. Box Number is Not Acceptable)	423 63rd Street NW	
83			
84	City	Bradenton	
	State	FL	
85	Zip Code	34209	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Jan J. Ross* Jan J. Ross P/D DATE: 2/20/96
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD WHITE, GERALD 2260 17 ST W. PALMETTO FL	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PD GRAHAM, JANELLE 8401 13TH AVE NW BRADENTON, FL 00000	2.1 TITLE	D
NAME		2.2 NAME	Patricia Durbeck
STREET ADDRESS		2.3 STREET ADDRESS	3770 Pinebrook Circle #5
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Bradenton, FL 34209
TITLE	VD ROSS, JAN J. 423 63RD STREET NW BRADENTON FL 34209	3.1 TITLE	P/D
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D KESTEN, MURRAY 5601 MANATEE AVE. W. BRADENTON FL	4.1 TITLE	V/D
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	PD PERREY, PHILIP E 1111 3RD AVENUE W BRADENTON FL	5.1 TITLE	S/D
NAME		5.2 NAME	William J. Kemp
STREET ADDRESS		5.3 STREET ADDRESS	4706 34th Ave West
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Bradenton, FL 34209
TITLE	ED CAMPBELL, ELLEN J. 7807 18TH AVENUE NW BRADENTON FL 34209	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ellen J. Campbell* Ellen J. Campbell E/D 2/20/96 (941)747-4655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)