

FILE NOW: FILING FEE IS \$61.25

FILED  
May 12 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 724615 (0)**

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

|   |  |
|---|--|
| Principal Place of Business<br><b>811 23RD AVENUE EAST<br/>BRADENTON FL 34208</b> | Mailing Address<br><b>811 23RD AVENUE EAST<br/>BRADENTON FL 34208-3735</b> |
|---|--|



|   |                     |                     |    |  |  |
|---|---------------------|---------------------|----|--|--|
| 2. Principal Place of Business                  |                     | 2a. Mailing Address |    | 3. Date Incorporated or Qualified<br><b>10/24/1972</b>   | 3a. Date of Last Report<br><b>02/26/1996</b> |
| 21  | Suite, Apt. #, etc. |                     | 25 | 4. FEI Number<br><b>59-1420986</b>   |  |
| 22  | City & State        |                     | 27 | Applied For<br>Not Applicable  |  |
| 23  | Zip                 | Country             | 28 | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 24  | 25                  | 29                  | 30 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                               |  |
| 9. Name and Address of Current Registered Agent |                     |                     |    | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|  |  |   |
|--|--|---|
| <b>ROSS, JAN J</b><br><b>423 63RD STREET NW</b><br><b>BRADENTON FL 34209</b> |  | 81 Name   |
|  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |
|  |  | 83  |
|  |  | 84 City <b>FL</b> 85 Zip Code                         |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>TD</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>WHITE, GERALD</b>                      | 1.2 NAME  |   |
| STREET ADDRESS             | <b>2260 17 ST W.</b>                      | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>PALMETTO FL</b>                        | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>DURBECK, PATRICIA</b>                  | 2.2 NAME  |   |
| STREET ADDRESS             | <b>3770 PINEBROOK CIRCLE, #5</b>          | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>BRADENTON FL</b>                       | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>PD</b> <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>ROSS, JAN J.</b>                       | 3.2 NAME  |   |
| STREET ADDRESS             | <b>423 63RD STREET NW</b>                 | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>BRADENTON FL</b>                       | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>VD</b> <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>KESTEN, MURRAY</b>                     | 4.2 NAME  |   |
| STREET ADDRESS             | <b>5601 MANATEE AVE. W.</b>               | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>BRADENTON FL</b>                       | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>SD</b> <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>KEMP, WILLIAM J</b>                    | 5.2 NAME  |   |
| STREET ADDRESS             | <b>4706 34TH AVENUE WEST</b>              | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>BRADENTON FL</b>                       | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>ED</b> <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CAMPBELL, ELLEN J.</b>                 | 6.2 NAME  |   |
| STREET ADDRESS             | <b>7807 18TH AVENUE NW</b>                | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>BRADENTON FL 34209</b>                 | 6.4 CITY-ST-ZIP                                       |   |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **4/15/97** **941 746-5111**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0061836

CR2E037 (9/96)