

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724665

FILED  
Jun 24, 2009  
Secretary of State

**Entity Name:** MEALS ON WHEELS OF POLK COUNTY, INC.

**Current Principal Place of Business:**

620 - 6TH ST., N.W.  
WINTER HAVEN, FL 33881

**New Principal Place of Business:**

**Current Mailing Address:**

620 - 6TH ST., N.W.  
WINTER HAVEN, FL 33881

**New Mailing Address:**

**FEI Number:** 59-1427004      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

BROOKS, STEPHEN K  
340 FIRST STREET S  
WINTER HAVEN, FL 33880      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: P ( ) Delete  
Name: HAYES, JEFF  
Address: 1492 N LK. SHIPP DR SW  
City-St-Zip: WINTER HAVEN, FL 33880

Title: VP ( ) Delete  
Name: KENNON, DON  
Address: 1226 CYPRESS POINT EAST  
City-St-Zip: WINTER HAVEN, FL 33881

Title: S ( ) Delete  
Name: RAY, BLAIR  
Address: 458 PINEHURST CT  
City-St-Zip: WINTER HAVEN, FL 33884

Title: TD ( ) Delete  
Name: MANN, DAN  
Address: #3 CYPRESS COVE RD  
City-St-Zip: WINTER HAVEN, FL 33884

Title: D ( ) Delete  
Name: FEGERS, TONI  
Address: 262 RUBY LAKE LANE  
City-St-Zip: WINTER HAVEN, FL 33884

Title: PP ( ) Delete  
Name: MICHAEL, GLOVER  
Address: 310 3RD ST NW  
City-St-Zip: WINTER HAVEN, FL 33881

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PP (X) Change ( ) Addition  
Name: HAYES, JEFF  
Address: 1492 N LK. SHIPP DR SW  
City-St-Zip: WINTER HAVEN, FL 33880

Title: P (X) Change ( ) Addition  
Name: KENNON, DON  
Address: 1226 CYPRESS POINT EAST  
City-St-Zip: WINTER HAVEN, FL 33881

Title: S (X) Change ( ) Addition  
Name: CONNELL, ROBERT  
Address: 17 LK LINK DR  
City-St-Zip: WINTER HAVEN, FL 33884

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: PHIL, ELAM  
Address: 1815 4TH COURT SE  
City-St-Zip: WINTER HAVEN, FL 33880

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TONI FEGERS

D

06/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date