

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 # **726999** (6)
1. Corporation Name
SEBRING "MEALS ON WHEELS", INC.



Principal Place of Business: **3011 KENILWORTH BLVD SEBRING FL 33870**
Mailing Address: **3011 KENILWORTH BLVD SEBRING FL 33870**

3. Date Incorporated or Qualified: **07/20/1973**
3a. Date of Last Report: **01/30/1995**
4. FEI Number: **59-1463626**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
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9. Name and Address of Current Registered Agent
**CLIFFORD, ABLES III M
457 S. COMMERCE AVE.
SEBRING FL 33870**
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---------------------------------------|---|--|
| TITLE: DP | NAME: MARINE, JAMES | 1.1 TITLE: D | NAME: Marine, James |
| STREET ADDRESS: 309 LOON AVENUE | CITY-ST-ZIP: SEBRING FL | 1.2 NAME: Marine, James | 1.3 STREET ADDRESS: 309 Loon Avenue |
| | | 1.4 CITY-ST-ZIP: Sebring FL 33872 | |
| TITLE: D | NAME: FREDENBURG, VERA L. | 2.1 TITLE: DP | NAME: Fredenburg, Vera L. |
| STREET ADDRESS: 673 S.E. LAKEVIEW DR. | CITY-ST-ZIP: SEBRING, FL 00000 | 2.2 NAME: Fredenburg, Vera L. | 2.3 STREET ADDRESS: 673 S. E. Lakeview Dr. |
| | | 2.4 CITY-ST-ZIP: Sebring FL 33870 | |
| TITLE: TD | NAME: CONRAD, EARL C. | 3.1 TITLE: Same | NAME: Same |
| STREET ADDRESS: 1824 KENT DR. | CITY-ST-ZIP: SEBRING, FL 00000 | 3.2 NAME: Same | 3.3 STREET ADDRESS: 33872 |
| | | 3.4 CITY-ST-ZIP: 33872 | |
| TITLE: SD | NAME: THIELE, LOIS | 4.1 TITLE: DS | NAME: Ruth Whittemore |
| STREET ADDRESS: 250 HIGHLANDS ST | CITY-ST-ZIP: SEBRING, FL 00000 | 4.2 NAME: Ruth Whittemore | 4.3 STREET ADDRESS: 516 Poinsettia Ave. |
| | | 4.4 CITY-ST-ZIP: Sebring FL 33870 | |
| TITLE: DV | NAME: GEIS, GLOSTER | 5.1 TITLE: D | NAME: Geis, Gloster |
| STREET ADDRESS: 342 POINSETTIA AVE., #205 | CITY-ST-ZIP: SEBRING, FL 00000 | 5.2 NAME: Geis, Gloster | 5.3 STREET ADDRESS: 342 Poinsettia Ave., #205 |
| | | 5.4 CITY-ST-ZIP: Sebring FL 33870 | |
| TITLE: D | NAME: JOHNSON, RUTH | 6.1 TITLE: D/V | NAME: Marvin, Ken |
| STREET ADDRESS: 123 NE LAKEVIEW DR #C-1 | CITY-ST-ZIP: SEBRING, FL 00000 | 6.2 NAME: Marvin, Ken | 6.3 STREET ADDRESS: 4023 Rodeo Drive N. |
| | | 6.4 CITY-ST-ZIP: Sebring FL 33872 | |

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: *Earl C. Conrad* **EARL C. CONRAD, TREAS.** Date: **Apr. 1, 1996** Daytime Phone #: **(941) 385 7520**

CR2E037 (12/95)