

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # 728241

1. Entity Name

ENGLEWOOD MEALS ON WHEELS, INC.



Principal Place of Business

Mailing Address

400 LOMA LINDA
ENGLEWOOD FL 34223
US

400 LOMA LINDA
PO BOX 782
ENGLEWOOD FL 34295
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-1734735

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANEWINCKEL, DEAN
2800 PLACIDA RD.
STE. 110
ENGLEWOOD FL 34224

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Delete
NAME	BLENNER, MARTHA	
STREET ADDRESS	25 ANNAPOLIS AVE	
CITY-STATE-ZIP	ROTONDA WEST FL 33947	
TITLE	TD	☐ Delete
NAME	SOWERS, MILDRED B	
STREET ADDRESS	77 WINDSOR DR	
CITY-STATE-ZIP	ENGLEWOOD FL 34223	
TITLE	S	☐ Delete
NAME	COURT, SANDRA	
STREET ADDRESS	2112 MISSISSIPPI AVE	
CITY-STATE-ZIP	ENGLEWOOD FL 34224	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	U00000636331	
CITY-STATE-ZIP	02/26/07-80012-017 61.25	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mildred B. Sowers MILDRED B. SOWERS 2-10-07 941-474-4445