

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728241

FILED  
Jun 29, 2009  
Secretary of State

**Entity Name:** ENGLEWOOD MEALS ON WHEELS, INC.

**Current Principal Place of Business:**

400 LOMA LINDA  
ENGLEWOOD, FL 34223 US

**New Principal Place of Business:**

**Current Mailing Address:**

400 LOMA LINDA  
PO BOX 782  
ENGLEWOOD, FL 34295 US

**New Mailing Address:**

**FEI Number:** 59-1734735 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
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:**

HANEWINCKEL, DEAN  
2800 PLACIDA RD.  
STE. 110  
ENGLEWOOD, FL 34224 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: PD ( ) Delete  
Name: BLENNER, MARTHA  
Address: 25 ANNAPOLIS AVE  
City-St-Zip: ROTONDA WEST, FL 33947

Title: TD ( ) Delete  
Name: SOWERS, MILDRED B  
Address: 77 WINDSOR DR  
City-St-Zip: ENGLEWOOD, FL 34223

Title: S ( ) Delete  
Name: COURT, SANDRA  
Address: 2112 MISSISSIPPI AVE  
City-St-Zip: ENGLEWOOD, FL 34224

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

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

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

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

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: MILDRED B. SOWERS

TREA

06/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date