2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# 728874

Entity Name: EAST PASCO MEALS ON WHEELS, INC.

Current Principal Place of Business:

38145 15TH AVE.
ZEPHYRHILLS, FL 335427443

New Principal Place of Business:

Current Mailing Address:

38145 15TH AVE.
ZEPHYRHILLS, FL 335427443

New Mailing Address:

FEI Number: 59-1565648 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BESON, CYNTHIA
7233 HIGHLAND LOOP
ZEPHYRHILLS, FL 33541 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:	ED	( ) Delete
Name:	BESON, CYNTHIA	
Address:	7233 HIGHLAND LOOP	
City-St-Zip:	ZEPHYRHILLS, FL 33544	
Title:	T	( ) Delete
Name:	SESSLER, BETTY	
Address:	37722 ALISSA DR.	
City-St-Zip:	ZEPHYRHILLS, FL 33540	
Title:	D	( ) Delete
Name:	BABBITT, ANN	
Address:	38117 WINTERS DR	
City-St-Zip:	ZEPHYRHILLS, FL 33541	
Title:	P	( ) Delete
Name:	SLATER, JAN	
Address:	10400 DUSTY HILL LOOP	
City-St-Zip:	DADE CITY, FL 33525	
Title:	S	( ) Delete
Name:	MITCHELL, TIM	
Address:	3004 FOXWOOD BLVD	
City-St-Zip:	ZEPHYRHILLS, FL 33543	
Title:	VP	( ) Delete
Name:	LOPEZ, LUIS	
Address:	5809 18H STREET	
City-St-Zip:	ZEPHYRHILLS, FL 33542	

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:	
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: CYNTHIA L BESON ED 04/02/2009
Electronic Signature of Signing Officer or Director — Date