2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741659

FILED Jul 16, 2009 Secretary of State

Entity Name: VENICE AREA MOBILE MEALS, INC.

Current Principal Place of Business: New Principal Place of Business:

920 SOUTH TAMIAMI TRAIL 920 TAMIAMI TRAIL SOUTH VENICE, FL 34285 VENICE, FL 34285

Current Mailing Address: New Mailing Address:

920 SOUTH TAMIAMI TRAIL 920 TAMIAMI TRAIL SOUTH VENICE, FL 34285 VENICE, FL 34285

FEI Number: 59-1805535 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: Name and Address of New Registered Agent:

EUBANKS, SHERRY K 1426 GLEN EAGLES DR VENICE, FL 34292

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete EUBANKS, SHERRY EUBANKS, SHERRY Name: Name: 1426 GLEN EAGLES DR Address: 1426 GLEN EAGLES DR Address: City-St-Zip: VENICE, FL 34292 City-St-Zip: VENICE, FL 34292

Title: () Delete Title: (X) Change () Addition PATTI, NEAL Name: PATTI, NEAL Name:

Address: 1139 RIVIETRA ST Address: 1139 RIVIERA ST City-St-Zip: VENICE, FL 34293 City-St-Zip: VENICE, FL 34293

Title: (X) Delete Title: () Change () Addition

DOUGLASS, JOAN Name: Name: 531 SHERI DAN DC Address: Address: City-St-Zip: VENICE, FL 34293 City-St-Zip:

Title: TD () Delete Title: TREA (X) Change () Addition

MUELLER, PHILIP Name: Name: MUELLER, PHILIP T 619 BALSAM APPLE DR 619 BALSAM APPLE DR Address: Address: City-St-Zip: VENICE, FL 34293 City-St-Zip: VENICE, FL 34293

Title: ATTD () Delete Title: ASST (X) Change () Addition

BARTLETT, JOAN BARTLETT, JOAN V Name: Name: 2280 LAKEWOOD CT 2280 LAKEWOOD CT Address: Address: City-St-Zip: NOKOMIS, FL 34275 City-St-Zip: NOKOMIS, FL 34275

Title: (X) Delete Title: () Change () Addition

CUBIT. DONNA Name: Name: Address: 1248 HARBOR TOWN WAY Address: VENICE, FL 34292 City-St-Zip: 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: SHERRY K. EUBANKS **PRES** 07/16/2009