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FILED

Feb 07 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 747635 (1)

1. Corporation Name

MEALS ON WHEELS TREASURE COAST, INC.

Principal Place of Business

601 AVENUE B
FT. PIERCE FL 34950

Mailing Address

601 AVENUE B
FT. PIERCE FL 34950-45013. Date Incorporated or Qualified
06/14/19793a. Date of Last Report
03/21/1996

4. FEI Number

59-1927854

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

21 707 N. 7th Street

Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 3720

Suite, Apt. #, etc.

22 City & State

23 Ft. Pierce, FL

27 City & State

28 Ft. Pierce, FL

24 Zip

34950

Country

25 USA

29 Zip

34948-3720

Country

30 USA

9. Name and Address of Current Registered Agent

JEFSON, LEE
601 AVENUE B
FT. PIERCE FL 34950

10. Name and Address of New Registered Agent

81 Name

Michael J. ROSE

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

707 N. 7th Street

83

84 City

Ft. Pierce

85 FL

Zip Code
34950

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

Michael J. Rose

1/31/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME CELLI, JOSEPH
STREET ADDRESS 920 NE TOWN TERR
CITY-ST-ZIP JENSEN BEACH FL 34957TITLE VD ☐ DELETE
NAME ROHDE, JENNIFER
STREET ADDRESS 2601 SE SNAPPER ST
CITY-ST-ZIP PORT ST LUCIE FL FL349-52TITLE STD ☐ DELETE
NAME SARGENT, TOMMA
STREET ADDRESS 8004 PASO ROBLES BLVD
CITY-ST-ZIP FT PIERCE FL 34951TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME FRANK, Lucille P., Dr.
1.3 STREET ADDRESS 3746 S.W. Brassie Way
1.4 CITY-ST-ZIP Palm City, FL 349902.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Signature typed or printed name of signing officer or director

1/31/1997

467-4104

CR2E037 (9/96)