

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90026 042 ****61.25

DOCUMENT # 761250

1. Entity Name

NORTH COUNTY CHURCHES' HOME DELIVERED MEALS, INC.



Principal Place of Business

11090 MONET TERR
PALM BEACH GARDENS FL 33410

Mailing Address

11090 MONET TERR
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2159752

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HARPER, FLOYD D
19874 HIBISCUS DRIVE
TEQUESTA FL 33469-2193**

7. Name and Address of New Registered Agent

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

Lori L. Vassalotti

Lori L. Vassalotti, Treasurer

2/26/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

TITLE ☐ Delete
NAME HARPER, FLOYD D
STREET ADDRESS 19874 HIBISCUS DRIVE
CITY-ST-ZIP TEQUESTA FL

TITLE ☐ Delete
NAME VASSALOTTI, LORI
STREET ADDRESS 17 BALFOUR ROAD
CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE ☐ Delete
NAME PEKAR, SANDY
STREET ADDRESS 655 LAKESIDE COURT
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE ☐ Delete
NAME LUCAS, ELLEN H.
STREET ADDRESS 11090 MONET TERRACE
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE ☐ Delete
NAME RIDGE, CLAIRE
STREET ADDRESS 135 RAIN TREE
CITY-ST-ZIP JUPITER FL 33458

TITLE ☐ Delete
NAME NAGY, BOB
STREET ADDRESS 1101 GREEN PINE BLVD. APT G-1
CITY-ST-ZIP WEST PALM BEACH FL 33409

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME *D*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME *p/vp/d*
STREET ADDRESS
CITY-ST-ZIP

12. I 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 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:

Lori L. Vassalotti

2/26/04

561-248-1893

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #