


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2005 08:00 AM
Secretary of State

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	
DO NOT WRITE IN THIS SPACE			
		4. FEI Number 59-2159752	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VASSALOTTI, LORI 17 BALFOUR RD. PALM BEACH GARDENS, FL 33418		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DO NOT WRITE IN THIS SPACE	
D HARPER, FLOYD D 19874 HIBUSCUS DRIVE TEQUESTA, FL			
TD VASSALOTTI, LORI 17 BALFOUR ROAD PALM BEACH GARDENS, FL			
D PEKAR, SANDY 655 LAKESIDE COURT NORTH PALM BEACH, FL 33408			
D LUCAS, ELLEN H. 11090 MONET TERRACE PALM BEACH GARDENS, FL 33410			
SD RIDGE, CLAIRE 135 RAINTREE JUPITER, FL 33458			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
PVD NAGY, BOB 1101 GREEN PINE BLVD. APT G-1 WEST PALM BEACH, FL 33409			
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: <i>Lori L Vassalotti</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-2-05 561-248-1893 Date Daytime Phone #	