

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 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**



03052008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000853942  
03/26/08-80086-020 61.25

**10. OFFICERS AND DIRECTORS**

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
THOMPSON, CAROL  
5754 TURNWOOD CT  
JUPITER, FL 334587937**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
DIPAOLLO, BERTHA  
327 SOUTHWOOD DR  
NORTH PALM BEACH, FL 33408**

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/08  
Date

Daytime Phone #