

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761250

FILED  
Feb 11, 2009  
Secretary of State

**Entity Name:** NORTH COUNTY CHURCHES' HOME DELIVERED MEALS, INC.

**Current Principal Place of Business:**

11090 MONET TERR  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

11090 MONET TERR  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

**FEI Number:** 59-2159752      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VASSALOTTI, LORI  
17 BALFOUR RD.  
PALM BEACH GARDENS, FL 33418      US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TD      ( ) Delete  
Name: VASSALOTTI, LORI  
Address: 17 BALFOUR ROAD  
City-St-Zip: PALM BEACH GARDENS, FL

Title: D      ( ) Delete  
Name: PEKAR, SANDY  
Address: 655 LAKESIDE COURT  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D      ( ) Delete  
Name: LUCAS, ELLEN H.,  
Address: 11090 MONET TERRACE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: SD      ( ) Delete  
Name: RIDGE, CLAIRE  
Address: 135 RAIN TREE  
City-St-Zip: JUPITER, FL 33458

Title: PD      ( ) Delete  
Name: THOMPSON, CAROL  
Address: 5754 TURNWOOD CT  
City-St-Zip: JUPITER, FL 334587937

Title: VD      ( ) Delete  
Name: DIPAOLO, BERTHA  
Address: 327 SOUTHWOOD DR  
City-St-Zip: NORTH PALM BEACH, FL 33408

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
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: LORI VASSALOTTI

TD

02/11/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date