

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90127 027 ****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 - 3202**

Mailing Address
**11090 MONET TERR
PALM BEACH GARDENS FL 33410 - 3202**

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

7. Name and Address of New Registered Agent

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE **VPD** ☒ Delete
NAME **DARBY, LOUISE**
STREET ADDRESS **2432 TREASURE ISLE DRIVE**
CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE **VP. D.** ☐ Change ☒ Addition
NAME **SANDY PEKAR** (661)
STREET ADDRESS **655 Lakeside Ct.**
CITY-ST-ZIP **NORTH Palm Beach, FL 33408**

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

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

TITLE **SD** ☐ Delete
NAME **RIDGE, CLAIRE**
STREET ADDRESS **135 RAINTREE**
CITY-ST-ZIP **JUPITER FL 33458**

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

TITLE **PD** ☒ Delete
NAME **HELLER, NEIL**
STREET ADDRESS **9169 S.E. RIVERFRONT TERR.**
CITY-ST-ZIP **TEQUESTA FL**

TITLE **PRES. - D.** ☐ Change ☒ Addition
NAME **BOB NAGY** (561)
STREET ADDRESS **1101 GREENPINE BLVD, APT 6-1**
CITY-ST-ZIP **W P B, 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: **X Ellen H. Lucas**

1/29/03

(561) 622-1555

CR2E037 (10/02)