2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2008
Secretary of State

DOCUMENT# N06000009550

Entity Name: MEALS ON WHEELS OF LAKE PLACID, INC.

Current Principal Place of Business:

118 LEMON ROAD, N.W.
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

118 LEMON ROAD, N.W.
LAKE PLACID, FL 33852

New Mailing Address:

P.O.BOX1304
LAKE PLACID, FL 33852

FEI Number: 02-0786187 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JACKSON, ANDREW B ATTY
150 NORTH COMMERCE AVENUE
SEBRING, FL 338703201 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: DP ( ) Delete
Name: BROWNING, JIM
Address: 118 LEMON ROAD, N.W.
City-St-Zip: LAKE PLACID, FL 33852

Title: DS ( ) Delete
Name: SAUVE, JEAN
Address: 401 CATFISH CREEK RD
City-St-Zip: LAKE PLACID, FL 33852

Title: DVP ( ) Delete
Name: STICKLE, SALLY
Address: 3299 PLACIF VIEW DRIVE
City-St-Zip: LAKE PLACID, FL 33852

Title: DT ( ) Delete
Name: TRUMBLE, RICHARD
Address: 138 LOQUAT ROAD, NE
City-St-Zip: LAKE PLACID, FL 33852

Title: D (X) Delete
Name: LAUCKS, C. PHILIP
Address: 2816 BOULDER COURT
City-St-Zip: SEBRING, FL 33875

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:

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: JEAN SAUVE' SEC. 05/21/2008
Electronic Signature of Signing Officer or Director — Date