

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005366

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** MEALS OF HOPE, INC.

**Current Principal Place of Business:**

5600 TAMIAMI TRAIL, NORTH  
SUITE 12  
NAPLES, FL 34108

**New Principal Place of Business:**

**Current Mailing Address:**

5600 TAMIAMI TRAIL, NORTH  
SUITE 12  
NAPLES, FL 34108

**New Mailing Address:**

**FEI Number:** 27-0268307

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHWEIKHARDT, WILLIAM  
900 SIXTH AVENUE SOUTH  
SUITE 203  
NAPLES, FL 34102 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: P  
Name: POPPER, STEPHEN T  
Address: 600 NOTTINGHAM DR  
City-St-Zip: NAPLES, FL 34109 US

Title: S, D  
Name: MONTECALVO, DAWN A  
Address: 9825 BERKSHIRE ST  
City-St-Zip: NAPLES, FL 34109 US

Title: D  
Name: SCHWEIKHARDT, WILLIAM  
Address: 468 DEVILS LN  
City-St-Zip: NAPLES, FL 34103 US

Title: D  
Name: GROENTEMAN, JACQUES R  
Address: 15793 DELASOL LN  
City-St-Zip: NAPLES, FL 34110 US

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM SCHWEIKHARDT

D

04/30/2012

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

\_\_\_\_\_  
Date