

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # N33926

1. Entity Name

MEALS ON WHEELS OF PLANT CITY, INC.



Principal Place of Business

**203 N THOMAS
PLANT CITY, FL 33563**

Mailing Address

**203 N THOMAS
PLANT CITY, FL 33563**



01182006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2959030

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCKENDRICK, EBEN
2816 SOUTHERN OAKS PL
PLANT CITY, FL 33567**

**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 reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**1100000413919
02/11/06-80013-015 61.25**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCKENDRICK, EBEN
STREET ADDRESS	2816 SOUTHERN OAKS PL
CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	D
NAME	JORDAN, JOYCE
STREET ADDRESS	4504 KEENE
CITY-ST-ZIP	PLANT CITY, FL 33565
TITLE	S
NAME	WASHBON, MARJORIE
STREET ADDRESS	1905 PRESERVATION DR
CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	D
NAME	BUCHMAN, KENNETH
STREET ADDRESS	1012 REDBUD CIRCLE
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	T
NAME	STANKO, MARION
STREET ADDRESS	437 COUNTRY MEADOWS BLVD.
CITY-ST-ZIP	PLANT CITY, FL 33565
TITLE	VP
NAME	ECKMAN, BETTY
STREET ADDRESS	2907 CLUBHOUSE DR
CITY-ST-ZIP	PLANT CITY, FL 33566

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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: Eben Mckendrick EBEN MCKENDRICK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/05

DATE

813/54-5944

DAYTIME PHONE #