


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

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N34016</b> 1. Entity Name <b>GREATER BRANDON MEALS ON WHEELS, INC.</b>	
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Principal Place of Business <b>C/O STEPHEN H. KURVIN 7 SOUTH LIME AVENUE SARASOTA, FL 34237</b>	Mailing Address <b>2513 BUCKNELL DR VALRICO, FL 33594</b>
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03172006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>05-1200056</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>KURVIN, STEPHEN H. 7 SOUTH LIME AVENUE SARASOTA, FL 34237</b>
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing  
Trust Fund Contribution: ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOREN, MARCIA 2513 BUCKNELL DR VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COMBS, EARLENE 805 BAMA RD BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILEY, LYNNE 1107 W. SPENCER PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMBS, EARLENE 805 BAMA ROAD BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOSTER, LILLIAN 502 E ANGLEWOOD DR BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000475366  
04/05/06-80012-019 61.25

**DO NOT WRITE  
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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:** Marcia Gore Marcia Gore 3/17/06 (813)653-3249  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #