## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N34875

FILED Apr 07, 2008 Secretary of State

Entity Name: MEALS ON WHEELS, ETC., INC. **Current Principal Place of Business: New Principal Place of Business:** 2801 S. FINANCIAL COURT SANFORD, FL 32773 US **Current Mailing Address: New Mailing Address:** 2801 S. FINANCIAL COURT SANFORD, FL 32773 FEI Number: 59-2977907 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GENE GUNTHER-MEALS ON WHEELS ETC. INC. 2801 S. FINANCIAL COURT SANFORD, FL 32773 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete FINCHER, SHERRY Name: Name: 2801 S. FINANCIAL COURT Address: Address: SANFORD, FL 32773 City-St-Zip: City-St-Zip: Title: ( ) Delete Title: () Change () Addition BILLSBOROUGH, DAVID Name: Name: Address: 100 S. BOYD STREET Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: Title: 1VP () Delete Title: 1VP (X) Change ( ) Addition KEETER, JAMES D JOHNSON, WILLIAM Name: Name: 398 FREEMAN STREET Address: P. O. BOX 4979 Address: City-St-Zip: ORLANDO, FL 32802 49 City-St-Zip: LONGWOOD, FL 32750 () Change () Addition Title: 2VP ( ) Delete Title: Name: SCHMIDT, JODY Name: 312 WEST 1ST STREET/SUITE 410 Address: Address: City-St-Zip: SANFORD, FL 32771 City-St-Zip: Title: () Delete Title: STD (X) Change ( ) Addition CAVANAUGH, LINDA Name: Name: OVERBY, BRIAN 220 FREEMAN ST. 360 WEST SR 436 Address: Address: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: LONGWOOD, FL 32750 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: SHERRY FINCHER D 04/07/2008