

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 22, 2008
Secretary of State

DOCUMENT# N34875

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

D

05/22/2008

Electronic Signature of Signing Officer or Director

Date