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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 9:47

DOCUMENT # N38899 (3)

1. Corporation Name
MEALS ON WHEELS OF LEHIGH ACRES, INC.

Principal Place of Business	Mailing Address
9 BETH STACEY BLVD. SUITE 205 LEHIGH ACRES FL 33936 US	9 BETH STACEY BLVD. SUITE 205 LEHIGH ACRES FL 33936 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/29/1990
3a. Date of Last Report: 02/11/1994
4. FEI Number: 65-0212423 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

STRANSKY, MINNIE
199 ARCHER ST
#2
LEHIGH ACRES FL 33936

10. Name and Address of New Registered Agent

81 Name: FRANCIS FREEMAN PD.
82 Street Address (P.O. Box Number is Not Acceptable): 6941 CIRCLE DR.
83: FT. MEYERS, FL. 33905
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Frances Freeman PRESIDENT. FRANCES FREEMAN FEB. 2. 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD.	☒ Change ☐ Addition
NAME	STRANSKY, MINNIE	1.2 NAME	FRANCES FREEMAN	
STREET ADDRESS	1372 ARCHER ST #2	1.3 STREET ADDRESS	6941 CIRCLE DR.	
CITY-ST-ZIP	LEHIGH ACRES FL	1.4 CITY-ST-ZIP	FT. MEYERS, FL. 33905	
TITLE	DVP	2.1 TITLE		☐ Change ☐ Addition
NAME	BEMIS, PAUL F.	2.2 NAME		
STREET ADDRESS	9693 BAYCREST TER	2.3 STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMSON, LILA	3.2 NAME		
STREET ADDRESS	122 DANIA CIR	3.3 STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	KING, LEANORA M.	4.2 NAME		
STREET ADDRESS	502 GERALD AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	PARKER, LYNN	5.2 NAME		
STREET ADDRESS	109 HOLLYWOOD ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: FRANCES FREEMAN Frances Freeman President Feb. 2. 1995 (813) 369-5818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000480