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Feb 14 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

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  
US9 BETH STACEY BLVD.  
SUITE 205  
LEHIGH ACRES FL 33936-6043  
US

3. Date Incorporated or Qualified

06/29/1990

3a. Date of Last Report

02/27/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FREEMAN, FRANCIS PD  
6941 CIRCLE DR  
#2  
FT MEYERS FL 33905

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *FRANCIS FREEMAN* PRESIDENT. *James Freeman* Feb. 4, 1997

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 ☐ DELETENAME FREEMAN, FRANCES  
STREET ADDRESS 6941 CIRCLE DR  
CITY-ST-ZIP FT MEYERS FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE DVP ☐ DELETENAME BEMIS, PAUL F.  
STREET ADDRESS 9693 BAYCREST TER  
CITY-ST-ZIP LEHIGH ACRES FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE SD ☐ DELETENAME WILLIAMSON, LILA  
STREET ADDRESS 122 DANIA CIR  
CITY-ST-ZIP LEHIGH ACRES FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE TD ☐ DELETENAME KING, LEANORA M.  
STREET ADDRESS 502 GERALD AVE  
CITY-ST-ZIP LEHIGH ACRES FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE D ☐ DELETENAME PARKER, LYNN  
STREET ADDRESS 109 HOLLYWOOD ST  
CITY-ST-ZIP LEHIGH ACRES FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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: *FRANCIS FREEMAN* PRESIDENT  
*FRANCIS FREEMAN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0007207

CP2E037 (9/96)