

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90211 005 ****61.25

DOCUMENT # N38899

1. Entity Name

MEALS ON WHEELS OF LEHIGH ACRES, INC.

Principal Place of Business

9 BETH STACEY BLVD.
 SUITE 205
 LEHIGH ACRES FL 33936
 US

Mailing Address

9 BETH STACEY BLVD.
 SUITE 205
 LEHIGH ACRES FL 33936
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0212423

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
CALLAHAN, MICKEY
 Street Address (P.O. Box Number is Not Acceptable)
408 HOLLYWOOD ST.
 City
LEHIGH ACRES, FL Zip Code
33972

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.

SIGNATURE *Mickey Callahan*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1/24/2002
 DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	PD FREEMAN, FRANCES	<input type="checkbox"/> Delete
STREET ADDRESS	6941 CIRCLE DR	
CITY-ST-ZIP	FT MEYERS FL	
TITLE NAME	DVP BEMIS, PAUL F.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	9693 BAYCREST TER	
CITY-ST-ZIP	LEHIGH ACRES FL	
TITLE NAME	D HOLL, NORMA	<input type="checkbox"/> Delete
STREET ADDRESS	1404 ARCHER ST	
CITY-ST-ZIP	LEHIGH ACRES FL 33971	
TITLE NAME	TD KING, LEANORA M.	<input type="checkbox"/> Delete
STREET ADDRESS	502 GERALD AVE	
CITY-ST-ZIP	LEHIGH ACRES FL	
TITLE NAME	D PARKER, LYNN	<input type="checkbox"/> Delete
STREET ADDRESS	109 HOLLYWOOD ST	
CITY-ST-ZIP	LEHIGH ACRES FL 33922	
TITLE NAME	D LEACOCK, ANN	<input type="checkbox"/> Delete
STREET ADDRESS	1401 ARCHER ST	
CITY-ST-ZIP	LEHIGH ACRES FL 33972	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	CALLAHAN, MICKEY p	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	408 HOLLYWOOD ST.	
CITY-ST-ZIP	LEHIGH ACRES, FL. 33972	
TITLE NAME	RIENDEAU, ROBERT SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	9689 BAYCREST TERR.	
CITY-ST-ZIP	LEHIGH ACRES, FL. 33936	
TITLE NAME	MCDOWELL, JOE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2203 ORCHID RD.	
CITY-ST-ZIP	LEHIGH ACRES, FL 33972	
TITLE NAME	EILF, LIZ DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2321 NARCISSUS CT.	
CITY-ST-ZIP	LEHIGH ACRES, FL. 33972	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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: *Mickey Callahan*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/2002
 Date Daytime Phone #

CR2E037 (9/01)