

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90014 038 \*\*\*\*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

00011090

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0212423

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CALLAHAN, MICKEY  
408 HOLLYWOOD ST  
LEHIGH ACRES FL 33972

7. Name and Address of New Registered Agent

Name

LIZ EILF

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

2321 NARCISSUS CT. W.

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ☒

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/05

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	CALLAHAN, MICKEY	<input type="checkbox"/> Delete
NAME		408 HOLLYWOOD ST	
STREET ADDRESS		LEHIGH ACRES FL 33972	
CITY-ST-ZIP			
TITLE	SD	RIENDEAU, ROBERT	<input type="checkbox"/> Delete
NAME		9689 BAYCREST TERR	
STREET ADDRESS		LEHIGH ACRES FL 33936	
CITY-ST-ZIP			
TITLE	D	LAPLEN, BOB	<input type="checkbox"/> Delete
NAME		9805 MAPLE CREST CR	
STREET ADDRESS		LEHIGH ACRES FL 33936	
CITY-ST-ZIP			
TITLE	TD	KING, LEANORA M.	<input checked="" type="checkbox"/> Delete
NAME		502 GERALD AVE	
STREET ADDRESS		LEHIGH ACRES FL	
CITY-ST-ZIP			
TITLE	D	HELD, LEON	<input checked="" type="checkbox"/> Delete
NAME		2 PARKWOOD VILLAS CT	
STREET ADDRESS		LEHIGH ACRES FL 33936	
CITY-ST-ZIP			
TITLE	D	LEACOCK, ANN	<input type="checkbox"/> Delete
NAME		1401 ARCHER ST	
STREET ADDRESS		LEHIGH ACRES FL 33972	
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Liz Eilf	
STREET ADDRESS	2321 Narcissus Ct. W.	
CITY-ST-ZIP	Lehigh Acres, FL. 33972	
TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Lepien	
STREET ADDRESS	9805 Maplecrest Cir.	
CITY-ST-ZIP	Lehigh Acres, FL. 33936	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mickey Callahan	
STREET ADDRESS	408 Hollywood St.	
CITY-ST-ZIP	Lehigh Acres, FL. 33972	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Phyllis Balyeat	
STREET ADDRESS	476 Bethany Village Cir.	
CITY-ST-ZIP	Lehigh Acres, FL. 33036	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Riendeau	
STREET ADDRESS	0689 Baycrest Terr.	
CITY-ST-ZIP	Lehigh Acres, FL. 33936	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ann Leacock	
STREET ADDRESS	1401 Archer St.	
CITY-ST-ZIP	Lehigh Acres, FL. 33972	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617, 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:

*Phyllis Balyeat*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/05

Treasurer

Date

Daytime Phone #

# ATTACHMENT # N 38899

500/1945

## BOARD MEMBERS 2004

<u>RENEWAL</u> <u>YR.</u>	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>
2004	LIZ EILF PRES.	2321 NARCISSUS CT. W.	369-5818
2006	BOB LEPIEN VICE-PRES.	9805 MAPLE CREST CIR.	369-6641
2006	MICKEY CALLAHAN SEC.	408 HOLLYWOOD ST.	368-0947
2006	PHYLLIS BALYEAT TREAS	476 BETHANY VIL CR.	303-2757
2004	JANET OPPER	1900 PLUMOSA	728-3364
2005	ANN LEACOCK	1401 ARCHER ST.	369-2311
2006	BEVERLY GREGORY <i>De late</i>	17 PINWOOD BLVD.	369-4908
2006	ROBERT RIENDEAU	9689 BAYCREST TERR.	368-1329
2006	LEANORE KING <i>De late</i>	502 GERALD AVE.	369-9851

MEALS ON WHEELS OFFICE - - 369-5818

TAX EXEMPTION NO. 31957623  
1-800-937-3600 EXT. 84353