2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## May 02, 2006 8:00 am Secretary of State DOCUMENT # N38899 1. Entity Name 05-02-2006 90215 007 \*\*\*\*61.25 MEALS ON WHEELS OF LEHIGH ACRES, INC. Principal Place of Business Mailing Address 9 BETH STACEY BLVD. 9 BETH STACEY BLVD. SUITE 205 **SUITE 205** LEHIGH ACRES FL 33936 LEHIGH ACRES FL 33936 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 65-0212423 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EILF, LIZ Street Address (P.O. Box Number is Not Acceptable) 2321 NARCISSUS CT W LEHIGH ACRES FL 33972 City Zip Code 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 agen SIGNATURE Signature, typed once (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change ☐ Addition EILF, LIZ NAME NAME STREET ADDRESS 2321 NARCISSUS CT W STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES FL 33972 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition LEPIEN, ROBERT NAME NAME STREET ADDRESS 9805 MAPLECREST CIR STREET ADDRESS LEHIGH ACRES FL 33936 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME CALLAHAN, MICKEY NAME: STREET ADDRESS 408 HOLLYWOOD ST STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES FL 33972 CITY-ST-ZIP TITLE TITLE ☐ Change ■ Addition Delete NAME BALYEAT, PHYLLIS NAME STREET ADDRESS 476 BETHANY VILLAGE CIR STREET ADDRESS CITY-ST-ZIP LEHIGH ARCHER FL 33036 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE RIENDEAU, ROBERT NAME NAME 0689 BAYCREST TERR STREET ADDRESS STREET ADDRESS LEHIGH ACRES FL 33936 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition LEACOCK, ANN NAME NAME 1401 ARCHER ST STREET ADDRESS STREET ADDRESS LEHIGH ACRES FL 33972 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 expowered.

SIGNATURE: Liz ELF

**FILED** 

4/19/06 239-369-5818