

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N39168

**FILED**  
**Jun 11, 2011**  
**Secretary of State**

**Entity Name:** MEALS ON WHEELS OF BONITA SPRINGS, FLORIDA, INC.

**Current Principal Place of Business:**

9751 BONITA BEACH RD  
BONITA SPRINGS, FL 34135 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 3006  
BONITA SPRINGS, FL 34133 US

**New Mailing Address:**

**FEI Number:** 65-0208852      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FRIEDE, CHARLOTTE A PRESIDE  
4441 GREEN HERON CT  
BONITA SPRINGS, FL 34134 US

**Name and Address of New Registered Agent:**

RATTIGAN, LEO PRESIDE  
6387 HIGHCROFT DRIVE  
NAPLES, FL US

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: LEO RATTIGAN

06/11/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: RATTIGAN, LEO PRES.  
Address: 6387 HIGHCROFT DRIVE  
City-St-Zip: NAPLES, FL 34119 US

Title: VP  
Name: WEINMAM, FRED V. PRES  
Address: 26790 TAMiami TRAIL SOUTH  
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: SD  
Name: MICELLE, MARTHA SD  
Address: 23680 WATERSIDE DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: D  
Name: REYNOLDS, DOROTHY M  
Address: 26951 LEPORT  
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: D  
Name: MCPHERSON, MARIE E  
Address: 26275 DUCHESS LANE  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D  
Name: STEFFEN, JOHN TREASUR  
Address: 13046 AMBERLY CT, # 603  
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LEO RATTIGAN

PRES

06/11/2011

Electronic Signature of Signing Officer or Director

Date