

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N39527

1. Entity Name

MEALS ON WHEELS OF CAPE CORAL, FLORIDA, INC.



**FILED**  
**Feb 06, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business

505 SE 43RD ST., #A203  
CAPE CORAL FL 33904  
US

Mailing Address

505 SE 43RD ST., #A203  
CAPE CORAL FL 33904  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0233565

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DELLORTO, MARY  
505 SE 43RD ST., #A203  
CAPE CORAL FL 33904

Name

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

City

**FL**

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 agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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: DST ☐ Delete  
NAME: DELLORTO, MARY  
STREET ADDRESS: 505 SE 43RD ST., A203  
CITY-STATE-ZIP: CAPE CORAL FL 33904

TITLE: TRUS ☐ Delete  
NAME: GARVEY, VIRGINIA  
STREET ADDRESS: 511 EL DORADO PKWY W  
CITY-STATE-ZIP: CAPE CORAL FL 33914

TITLE: DC ☐ Delete  
NAME: MACGREGOR, ROBERT  
STREET ADDRESS: 318 SE 19TH STREET  
CITY-STATE-ZIP: CAPE CORAL FL 33990

TITLE: TRUS ☐ Delete  
NAME: TOSCANO, DORA  
STREET ADDRESS: 5761 FLAMINGO DR  
CITY-STATE-ZIP: CAPE CORAL FL 33904

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition  
NAME: **000000624532**  
STREET ADDRESS: **02/14/07-80038-009 61.25**  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-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 empowered.

SIGNATURE:

*Mary Dellorto*

**2-3-07 239 945-0739**