

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

DOCUMENT# N39527

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Entity Name:** MEALS ON WHEELS OF CAPE CORAL, FLORIDA, INC.

**Current Principal Place of Business:**

11542 ROYAL TEE CIRCLE  
CAPE CORAL, FL 33991 US

**New Principal Place of Business:**

**Current Mailing Address:**

11542 ROYAL TEE CIRCLE  
CAPE CORAL, FL 33991 US

**New Mailing Address:**

**FEI Number:** 65-0233565

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DELLORTO, MARY  
11542 ROYAL TEE CIRCLE  
CAPE CORAL, FL 33991 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DST  
**Name:** DELLORTO, MARY  
**Address:** 11542 ROYAL TEE CIRCLE  
**City-St-Zip:** CAPE CORAL, FL 33991

**Title:** TRUS  
**Name:** GARVEY, VIRGINIA  
**Address:** 511 EL DORADO PKWY W  
**City-St-Zip:** CAPE CORAL, FL 33914

**Title:** DC  
**Name:** MACGREGOR, ROBERT  
**Address:** 318 SE 19TH STREET  
**City-St-Zip:** CAPE CORAL, FL 33990

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:** MARY DELLORTO

DST

01/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date