

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722362

Entity Name: MEALS ON WHEELS OF SARASOTA, INC.**Current Principal Place of Business:**421 N. LIME AVE.
SARASOTA, FL 34237**Current Mailing Address:**P.O. BOX 178
SARASOTA, FL 34230 US**FEI Number:** 59-1391249**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CAVANAUGH & CO.
2381 FRUITVILLE ROAD
SARASOTA FL., FL 34237 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name VAN RIPER, ELIZABETH
Address 421 N. LIME AVE.
City-State-Zip: SARASOTA FL 34237

Title DIRECTOR
Name HASTINGS, JIM
Address 421 N. LIME AVE.
City-State-Zip: SARASOTA FL 34237

Title DIRECTOR
Name HALL, RALPH
Address 421 N. LIME AVE.
City-State-Zip: SARASOTA FL 34237

Title VP
Name GANDY, WILLIAM
Address 421 N. LIME AVE.
City-State-Zip: SARASOTA FL 34237

Title DIRECTOR
Name BALDWIN, MARK
Address 421 N. LIME AVE.
City-State-Zip: SARASOTA FL 34237

Title DIRECTOR
Name WEAVER, DIANE
Address 421 N. LIME AVE.
City-State-Zip: SARASOTA FL 34237

Title TREASURER
Name VOIGHTS, JAN
Address 421 N. LIME AVE.
City-State-Zip: SARASOTA FL 34237

Title SECRETARY
Name FLANAGAN, TOM
Address 421 N. LIME AVE.
City-State-Zip: SARASOTA FL 34237

Continues on page 2

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: ELIZABETH VAN RIPER**PRESIDENT****01/24/2022**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HERMANSEN, JOHN
Address 421 N. LIME AVE.
City-State-Zip: SARASOTA FL 34237

Title DIRECTOR
Name HENRY, DWIGHT
Address 421 N. LIME AVE.
City-State-Zip: SARASOTA FL 34237