

2018 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:** No**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 ROBBINS, DICK
Address 421 N. LIME AVE.
City-State-Zip: SARASOTA FL 34237

Title VP
Name KREBS-KNEPP, LISA
Address 421 N. LIME AVE.
City-State-Zip: SARASOTA FL 34237

Title CORRESPONDING SECRETARY
Name KNAACK-ESBECK, JANE
Address 421 N. LIME AVE.
City-State-Zip: SARASOTA FL 34237

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

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

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

Title DIRECTOR
Name JENSEN, ADRIA M. ESQ.
Address 421 N. LIME AVE.
City-State-Zip: SARASOTA FL 34237

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

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: DICK ROBBINS

PRESIDENT

03/06/2018

Electronic Signature of Signing Officer/Director Detail_____
Date