

**2015 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	PRES
Name	SPRINTZ, ALAN
Address	421 N. LIME AVE.
City-State-Zip:	SARASOTA FL 34237

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

Title	T
Name	ROBBINS, DICK
Address	421 N. LIME AVE.
City-State-Zip:	SARASOTA FL 34237

Title	BOARD DIRECTOR
Name	FISHMAN, LES
Address	421 N. LIME AVE.
City-State-Zip:	SARASOTA FL 34237

Title	BOARD DIRECTOR
Name	MCGARRY, JACK
Address	421 N. LIME AVE.
City-State-Zip:	SARASOTA FL 34237

Title	BOARD DIRECTOR
Name	MASON, CAROLYN
Address	421 N. LIME AVE.
City-State-Zip:	SARASOTA FL 34237

Title	BOARD DIRECTOR
Name	PANIEGO-BEJAR, BEATRICE
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:** ALAN SPRINTZ**PRESIDENT****02/23/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date