

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010328

FILED  
Jan 06, 2010  
Secretary of State

**Entity Name:** WE CARE FOR THE POOR INTERNATIONAL INC.

**Current Principal Place of Business:**

718 MYRTLE LAKE CT. #103  
ORLANDO, FL 32825

**New Principal Place of Business:**

718 MYRTLE LAKE CT.  
103  
ORLANDO, FL 32825

**Current Mailing Address:**

718 MYRTLE LAKE CT. #103  
ORLANDO, FL 32825

**New Mailing Address:**

FEI Number: 26-3734468      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

ELIASSAINT, BERTEAU  
718 MYRTLE LAKE CT. #103  
ORLANDO, FL 32825    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: P  
Name: ELIASSAINT, BERTEAU  
Address: 718 MYRTLE LAKE CT. #103  
City-St-Zip: ORLANDO, FL 32825

Title: V  
Name: ANDERSON, NEVA H  
Address: 3041 CONDEL CT  
City-St-Zip: ORLANDO, FL 32812

Title: D  
Name: MORENE, NANCY  
Address: 905 NE 13TH AVE  
City-St-Zip: HOMESTEAD, FL 33033

Title: CEO  
Name: ALLEN, JOHN  
Address: 5935 NW 96TH DR.  
City-St-Zip: PARKLAND, FL 33076

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: BERTEAU ELIASSAINT

P

01/06/2010

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

\_\_\_\_\_  
Date