## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # N19845**

1. Entity Name

BECAUSE WE CARE, INC.



**FILED** Mar 07, 2003 8:00 am Secretary of State

03-07-2003 90117 022 \*\*\*\*71.25



Panama City, Florida	3. Mailing Address 3.001 West Highway 98 Suite, Apt. #, etc.  City & State Panama City, Florida  Zip 32401 Bay Street Address (P.O. Box Number is Not Acceptable)  City  City  City  FL  Zip Code  The purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered Agent suparava voxided when reinstating)  2. Election Campaign Financing Trust Fund Contribution.  Added to Fees  The Make Check Payable to Florida Department of State  CTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Delete  TILE NAME STREET ADDRESS CITY-ST-ZIP  Delete STREET ADDRESS CITY-ST-ZIP  Addition
Solicy Act   Color   Solicy	Suite. Apt. #, etc.    City & State   Florida   Tell Number 59-2793858   Tell Applicable   Tell Number 59-2793858   Tell Number 59-27938585   Tell Number 59-2793858   Tell Number
Solicy Act   Color   Solicy	Suite. Apt. #, etc.    City & State   Panama City   Florida   A-FEI Number 59-2793858   ADpited For   Not Applicable
Solite Apt #, etc.    Substitute	Suite, Apt. #, etc.  City & State Panama City, Florida  Zip 32401 Bay  5. Certificate of Status Desired  Panama City Bay  7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  The purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept added to Fees  Panama City, Fl 32405  Trust Fund Contribution.  Detele  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  The Detele  Title  NAME STREET ADDRESS CITY-ST-Zip  Detele  Title  NAME STREET ADDRESS CITY-ST-Zip  Detele  Title  NAME STREET ADDRESS CITY-ST-Zip  Addition  Craain, Mary Sue STREET ADDRESS CITY-ST-Zip  Panama City, Fl 32405
Panama City, Florida   Panama City	Panama City, Florida  Zip  32401  Bay  5. Certificate of Status Desired
Panama City   F10F102   Panama City   F10F103   Panama City   P10F103   Panama City   P10F103   Panama City   P10F103   Panama City   P10F103   Pay   P10F103	Panama City, Florida  Zip  32401  Bay  5. Certificate of Status Desired
3.2401 Bay 5. Certificate of Status Desired	Steel Address (P.O. Box Number is Not Acceptable)   Streel Address (P.O. Box Number is Not Acceptable)
DUNAWAY, AFVIL 1855 AIPPORT CIRCLE PANAMA CITY FL 32405  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and the obligations of registered agent, or both in the State of Florids. I am familiar with, and the obligations of registered agent.  SIGNATURE  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  9. S5.00 May Be Added to Fees Florida Department of State Funds Fund	### Title Name    Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code
DUNAWAY, ARVIL 1855 AIRPORT CIRCLE PANAMA CITY FL 32405  8. 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. I am familiar with, and the colligations of registered agent, or both in the State of Florida. I am familiar with, and the colligations of registered agent, or both in the State of Florida. I am familiar with, and the colligations of registered agent, or both in the State of Florida. I am familiar with, and the colligations of registered agent, or both in the State of Florida. I am familiar with, and the colligations of registered agent, or both in the State of Florida. I am familiar with, and the colligations of registered agent, or both in the State of Florida. I am familiar with, and the colligations of registered agent, or both in the State of Florida. I am familiar with, and the colligations of registered agent, or both in the State of Florida. I am familiar with, and familiar with and familiar with, and familiar with and familiar with, and familiar with and familiar with and familiar with and familiar with and familiar wit	Name
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8. 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. I am familiar with, and the obligations of registered agent.  SIGNATURE    Signature   Signa	the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept  d little if applicable. (NOTE: Registered Agent signature required when reinstating)  9. Election Campaign Financing Trust Fund Contribution.  2. \$5.00 May Be Added to Fees  Make Check Payable to Florida Department of State  ECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    Delete   TITLE NAME STREET ADDRESS CITY-ST-ZIP   Whitaker, Cliff Street Panama City, F1 32405    Delete   TITLE STD Street Panama City, F1 32405    Crain, Mary Sue 2934 Kings Drive Panama City, F1 32405
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the regeiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

EARVIII Dunaway, PD

March 5,2003

850 763-6505