

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

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

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

**DOCUMENT # N19845**

1. Entity Name

**BECAUSE WE CARE, INC.**



Principal Place of Business

**1855 AIRPORT CIRCLE  
PANAMA CITY FL 32405**

Mailing Address

**1855 AIRPORT CIRCLE  
PANAMA CITY FL 32405**

2. Principal Place of Business

**3001 West Highway 98**

Suite, Apt. #, etc.

3. Mailing Address

**3001 West Highway 98**

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

**Panama City, Florida**

City & State

**Panama City, Florida**

4. FEI Number **59-2793858**

Applied For

Not Applicable

Zip

Country

**32401**

**Bay**

Zip

Country

**32401**

**Bay**

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DUNAWAY, ARVIL  
1855 AIRPORT CIRCLE  
PANAMA CITY FL 32405**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☒

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **DUNAWAY, ARVIL REV**  
STREET ADDRESS **1855 AIRPORT CIRCLE**  
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE **VD** ☐ Delete  
NAME **DENMAN, MORRIS JR**  
STREET ADDRESS **1212 QUAIL RUN**  
CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE **STD** ☐ Delete  
NAME **DUNAWAY, NELL M**  
STREET ADDRESS **1855 AIRPORT CIRCLE**  
CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE **D** ☐ Delete  
NAME **HALL, BROWARD**  
STREET ADDRESS **4800 BAYWOOD DR**  
CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☒ Change ☐ Addition  
NAME **Whitaker, Cliff**  
STREET ADDRESS **2408 West 23rd. Street**  
CITY-ST-ZIP **Panama City, FL 32405**

TITLE **STD** ☒ Change ☐ Addition  
NAME **Crain, Mary Sue**  
STREET ADDRESS **2934 Kings Drive**  
CITY-ST-ZIP **Panama City, FL 32405**

TITLE **D** ☒ Change ☐ Addition  
NAME **Ward, Carl**  
STREET ADDRESS **7449 Baycrest Dr**  
CITY-ST-ZIP **Southport, FL 32409**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 receiver 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:

**ARVIL DUNAWAY** **REQUIRED** **Dunaway, PD**

**March 5, 2003 850 763-6505**

CR2E037 (10/02)