

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

FILED

97 JUL 29 AM 9:29

DOCUMENT # N92000000605 (7)

SECRETARY OF STATE TALLAHASSEE, FLORIDA

WE CARE GLOBAL FAMILY, INC. DBA. DROP-IN!



Principal Place of Business: 4827 VILLAGE GARDEN DR. SARASOTA FL 34234-4039 US

Mailing Address: P.O. BOX 1338 TALLEVAST FL 34270-1338 US

Also DROP-IN! Suite 33, 7442 N. TAMMI TRAIL SARASOTA, FL 34243

3. Date Incorporated or Qualified: 11/30/1992
3a. Date of Last Report: 06/03/1996
4. FEI Number: 65-0378830
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes [ ] No [x]

Registered Agent: HARRISON, LOUISE 4827 VILLAGE GARDENS DRIVE SARASOTA FL 34234

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: HARRISON LOUISE, Date: 1-25-97

Table with 2 columns: Title, Name, Street Address, City-ST-ZIP. Rows include DROUIN, PAUL; GARCIA, LINDA; WOMELDORPH, HOWARD; GARDNER, ALISON M; HARRISON, LOUISE; HUNNICUTT, WAYNE.

Table with 2 columns: Title, Name, Street Address, City-ST-ZIP. Rows include PRESIDENT: GOODFRIEND, STEVE; TREASURER: ALLEN, MICHAEL; SECRETARY: DWOSKIN, MICHELLE; VICE-PRESIDENT: JORDAN, LANNY; VICE-PRESIDENT: FRIEDLANDER, RICKI; CHILDRENS DIRECTOR: DEE WINTER, MEREDYTHE.

14. I do hereby certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; if 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: LOUISE HARRISON, Date: 1-25-97, Daytime Phone: 941-351-1827