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Jan 22 1998 8:00am ST
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N92000000605 (7)

1. Corporation Name

WE CARE GLOBAL FAMILY, INC.

Principal Place of Business: **DROP-IN 7442 N TAMiami TRAIL SUITE 33 SARASOTA FL 34243 US**
 Mailing Address: **P.O. BOX 1338 TALLEVAST FL 34270 US**

3. Date Incorporated or Qualified

11/30/1992

4. FEI Number

65-0378830

Applied For
 Not Applicable

5. Certificate of Status Desired Yes No

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution Yes No

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**HARRISON, LOUISE
 4827 VILLAGE GARDENS DRIVE
 SARASOTA FL 34234**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	Board Member.	GOODFRIEND, STEVE	5649 FORESTER LAKE DR SARASOTA FL 34243	<input type="checkbox"/>
D	TD	ALLEN, MICHAEL	971 UMPQUA CT FREMONT CA 94539	<input type="checkbox"/>
D	SD	DWOSKIN, MICHELLE	13529 CAPITOL DRs TAMPA FL 33613-3105	<input type="checkbox"/>
D	D	GARDNER, ALISON M	4920 PRIMROSE PATH SARASOTA FL 34242	<input type="checkbox"/>
D	FCEO	HARRISON, LOUISE	4827 VILLAGE GARDENS DRIVE SARASOTA FL 34234	<input type="checkbox"/>
D	VPD	JORDAN, LANNY	1543 ORANGE ST CLEARWATER FL 34616	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	PRESIDENT	Woska, Jerry	110 DEL PRADO BLVD. CAPE CORAL FL 33990	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	V. P. PROMOTIONS	HUNNICOTT WAYNE	8309 W. HAWATHA ST TAMPA FL 33615	<input type="checkbox"/>	<input type="checkbox"/>
D	BOARD MEMBER	ASKEW TOM	1167 KINGSTON ST COSTA MESA 92626	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	BOARD MEMBER	Meissner, CHRIS	4525 WINDSOR COURT E BRADENTON FL 34203	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Board member	WALSH CHARLIE	11 SLEEPY HOLLOW COVE HONGWOOD FL 32750	<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further 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; 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE RETURNED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)