

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N95000002674 (8)  
1. Corporation Name

WEE HELP CHILDREN'S RESOURCE CENTER, INC.



Principal Place of Business: 3820 WIMBLETON DR. LAKE MARY FL 32746  
Mailing Address: 3820 WIMBLETON DR. LAKE MARY FL 32746

3. Date Incorporated or Qualified: 05/30/1995  
3a. Date of Last Report

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3324631	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
					<input type="checkbox"/>	
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
					<input type="checkbox"/>	
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

HUDSON, KENNETH K JR.  
3820 WIMBLETON DR.  
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	President/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDSON, KENNETH K JR.	1.2 NAME	
STREET ADDRESS	3820 WIMBLETON DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL 32746	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDSON, PHYLLIS G	2.2 NAME	
STREET ADDRESS	3820 WIMBLETON DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL 32746	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIZZIO, ANTHONY L	3.2 NAME	
STREET ADDRESS	809 OSCEOLA TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL 32707	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEDRAJA, TONY	4.2 NAME	
STREET ADDRESS	5 BASS LAKE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEBARY FL 32713	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Geisler, Ann
STREET ADDRESS		5.3 STREET ADDRESS	201 S.Orange Ave., Ste.900
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Orlando, Florida 32801
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	D Profaci, Vincent
STREET ADDRESS		6.3 STREET ADDRESS	419 Burnt Tree Lane
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Apopka, Florida 32712

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Kenneth K. Hudson Jr.* Kenneth K. Hudson Jr. 4/20/96 (407) 333-2194  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)