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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N95000002674 (8)
1. Corporation Name

WEE HELP CHILDREN'S RESOURCE CENTER, INC.



Principal Place of Business

Mailing Address

3820 WIMBLEDON DR.
LAKE MARY FL 32748

3820 WIMBLEDON DR.
LAKE MARY FL 32746-4042

3. Date incorporated or Qualified
05/30/1995

3a. Date of Last Report
04/25/1996

2. Principal Place of Business
21 Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

4. FEI Number
59-3324631

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country

28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT
NAME HUDSON, KENNETH K JR.
STREET ADDRESS 3820 WIMBLEDON DR.
CITY-ST-ZIP LAKE MARY FL DELETE

1.1 TITLE Vice President VP Change Addition
1.2 NAME Tizzio, Anthony L.
1.3 STREET ADDRESS 809 Osceola Trail
1.4 CITY-ST-ZIP Casselberry, FL 32707

TITLE S
NAME HUDSON, PHYLLIS G
STREET ADDRESS 3820 WIMBLEDON DR.
CITY-ST-ZIP LAKE MARY FL DELETE

2.1 TITLE Director D Change Addition
2.2 NAME Pedraja, Tony
2.3 STREET ADDRESS 530 Archwood Drive
2.4 CITY-ST-ZIP DeBary, Florida 32713

TITLE D
NAME TIZZIO, ANTHONY L
STREET ADDRESS 809 OSCEOLA TRAIL
CITY-ST-ZIP CASSELBERRY FL 32707 DELETE

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VP
NAME PEDRAJA, TONY
STREET ADDRESS 6 BASS LAKE DR.
CITY-ST-ZIP DEBARY FL DELETE

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME GEISLER, ANN
STREET ADDRESS 201 S RANGE AVE STE 900
CITY-ST-ZIP ORLANDO FL DELETE

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME PROFACI, VINCENT
STREET ADDRESS 419 BURNT TREE LANE
CITY-ST-ZIP APOPKA FL DELETE

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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.

CR2E037 (9/96)

Kenneth K. Hudson, Jr. 6/10/97 407-332-9090