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

DOCUMENT #

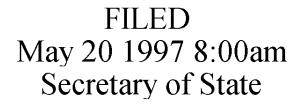
N95000002674 (8)

WEE HELP CHILDREN'S RESOURCE CENTER, INC.

Mailing Address

9820 WILIBI FOON DO

2820 WILLELEDON DE





LAKE MARY FL		LAKE MARY FL 32746-4042					•		
						3. Date incorporated or Qualified 05/30/1995	3a. Da	ate of Last F 04/25/18	Report 1996
2. Principal Pla	ice of Business	2a. Mailing Address				4. FEI Number		A	pplied For
21		26				59-3324631		N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State	28					Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Cpu	intry		8. This corporation has liability for it	ntangible	tax under s	
24	25		30				Yes [
<u> </u>	9. Name and Address of Curre	ent Registered Agent		81	Mana	10. Name and Address of New Re	gistered	Agent	
1115001	1/#L111###1 1 1/ 15			81	Name				
HUDSON			82	Street	Address (P.O. Box Number is Not Acceptab	le)			
	IBLEDON DR. RY FL 32746		1	83					
LANE MA	NI FL 32/40					·			
	·			84	City		FL	. '	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									
12.		ND DIRECTORS	13.	a Ager	ni signature	ADDITIONS/CHANGES TO OFFIC	DATE FRS AND	DIRECTO	RS IN 12
TITLE	PT	DELETE	3,1 10	TLE		Vice President VP	CHOZITE	V Change	Addition
NAME	HUDSON, KENNETH K JR.		1.2 NA	ME		Tizzio, Anthony L.		71-	
STREET ADDRESS	3820 WIMBLEDON DR.		1.3 \$1	REE1	ADDRESS	Tizzio, Anthony L. 809 Osceola Trail			15
CITY-ST-ZIP	LAKE MARY FL		1.4,01			Casselberry, FL 3270	7		
TITLE	\$	DELETE 2.17				Director D	4	X Change	Addition
NAME	Hudson, Ph yllis G	30		AME		Pedraja, Tony			
STREET ADDRESS				REFT	ADDRESS	§30 Archwood Drive			
CITY-ST-ZIP				ITY-S	T-ZIP	BeBary, Florida 32713			
TITLE	D	☐ DELETE /	3.1 111		/			☐ Change	☐ Addition
NAME	TIZZIO, ANTHONY L	\int	3.2 NA	7					ĺ
STREET ADDRESS	809 OSCEOLA TRAIL	•			ADDRESS				1
CITY-ST-ZIP	CASSELBERRY FL 32707	Floriere		ITY-S	T-ZIP			<u> </u>	
TITLE	VP	☐ DELETE	4.1 111					☐ Change	Addition
NAME	PEDRAJA, TONY • BASS LAKE DR.	/	4 2 N						
STREET ADDRESS	DEBARY FL				ADDRESS				
CITY-ST-ZIP TITLE	DEDART PL	XX DELETE	4.4 CF		- ZIP			Channe	Addiso
NAME	GEISLER, ANN	51,11 52,N						☐ Change	Addition
STREET ADDRESS	201 S RANGE AVE STE 900	1			ADDRESS				
CITY-ST-ZIP	ORIANDO EL								
TITLE	D	DELETE	5.4 Dri		- LIL			Change	Addition
NAME	PROFACI, VINCENT		6.2 N					- Grange	Advition
STREET ADDRESS	419 BURNT TREE LANE	•			ADDRESS				
CITY-ST-ZIP	ABODICA DI			TY-ST					
			0.4 011	ان	411				

I do hereby certify that the information supplied with this filling 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 logal effect as if made under eath; 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 or an attachment with an address.