

FILE NOW: FILING FEE IS \$61.25

FILED
May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 05/30/1995	
4. FEI Number 59-3324631	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 541 E. Horatio Ave., Ste. D Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 953124 Suite, Apt. #, etc.
22 Maitland, Florida City & State	27 Lake Mary, Florida City & State
23 Zip 24 32751	Country 25 USA
28 Zip 29 32795-3124	Country 30 USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <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 FL 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	PT HUDSON, KENNETH K JR. 3820 WIMBLETON DR. LAKE MARY FL	1.1 TITLE	S Pugh, Verdell 225 Yale Drive Sanford, Florida 32771
NAME	<input type="checkbox"/> DELETE	1.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	S, D HUDSON, PHYLLIS G 3820 WIMBLETON DR. LAKE MARY FL	2.1 TITLE	D Merrill, Sherman Sr. 17636 Washington Street Winter Garden, Florida 34787
NAME	<input type="checkbox"/> DELETE	2.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D TIZIO, ANTHONY L 809 OSCEOLA TRAIL CASSELBERRY FL 32707	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VP PEDRAJA, TONY 5 BASS LAKE DR. DEBARY FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input checked="" type="checkbox"/> DELETE	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D GEISLER, ANN 201 S RANGE AVE STE 900 ORLANDO FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input checked="" type="checkbox"/> DELETE	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D PROFACI, VINCENT 419 BURNT TREE LANE APOPKA FL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input checked="" type="checkbox"/> DELETE	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I 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.

SIGNATURE: *Kenneth K. Hudson Jr.* Kenneth K. Hudson Jr. 4/26/98 407-333-2194

CR2E037 (10/97)