


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Sep 02 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N97000007068 (6)
 1. Corporation Name
 WE CHANGE FOUNDATION INC.



Principal Place of Business
 040 E. OCEAN AVE ST # 5
 508 E. WOOLBRIGHT ROAD #447
 BOYNTON BEACH FL 33435

Mailing Address
 568 E. WOOLBRIGHT ROAD #447
 BOYNTON BEACH FL 33435

3. Date Incorporated or Qualified
 12/19/1997

4. FEI Number
 65-0781611

Applied For
 Not Applicable

2. Principal Place of Business
 21 040 East Ocean Ave
 Suite, Apt. #, etc.
 22 Suite # 5

2a. Mailing Address
 26 same as above
 Suite, Apt. #, etc.
 27

City & State
 23 Boynton Beach FL
 28

Zip
 24 33435
 Country
 25 Palm Beach
 29
 30

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

6. Election Campaign Financing Trust Fund Contribution \$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
 HILLERY, ROSEMARY C
 568 E. WOOLBRIGHT ROAD #447
 BOYNTON BEACH FL 33435

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
 FL

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: *Rosemary C. Hillery* (NOTE: Registered Agent signature required when reinstalling) DATE: 7-22-98

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D Director	1.2 NAME	Robert R Campitelli	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS	3803 Woodswalk Blvd	1.4 CITY-ST-ZIP	Lk. Worth, FL (33467)	
2.1 TITLE	D Director	2.2 NAME	John Longinos	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS	568 E. Woolbright Rd St 447	2.4 CITY-ST-ZIP	Boynton Beach, FL 33435	
3.1 TITLE	President	3.2 NAME	Rosemary C. Hillery	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS	568 E. Woolbright Rd St 447	3.4 CITY-ST-ZIP	Boynton Beach, FL 33435	
4.1 TITLE	D Mrs Susan Ordway	4.2 NAME	Susan Ordway	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS	201 S. Federal Hwy #13	4.4 CITY-ST-ZIP	Boynton Beach, FL 33435	
5.1 TITLE		5.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS		5.4 CITY-ST-ZIP		
6.1 TITLE		6.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.3 STREET ADDRESS		6.4 CITY-ST-ZIP		

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: *Rosemary C Hillery* DATE: 7-22-98 (561) 936-9407

CR2E037 (5/98)