2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# N05000001126

Entity Name: WE CARE BRIDGING GAPS, INC.

Current Principal Place of Business:

1706 MULBERRY AVE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

1706 MULBERRY AVE
SANFORD, FL 32771

New Mailing Address:

FEI Number: 59-2497490 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTIN, EDDIE
1706 MULBERRY AVE
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: MARTIN, EDDIE
Address: 17006 MULBERRY AVE
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete
Name: ASH, WILLIE MAE
Address: 8102 STONEBROOK DRIVE
City-St-Zip: SANFORD, FL 32773

Title: D ( ) Delete
Name: MORRIS, OSCAR
Address: 2571 E 21ST STREET
City-St-Zip: SANFORD, FL 32771

Title: P ( ) Delete
Name: HENRY, JAN
Address: 205 TERRY LANE
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete
Name: ROBERSON, GRADY
Address: 1413 LOCUST AVENUE
City-St-Zip: SANFORD, FL 32771

Title: TS ( ) Delete
Name: HARVEY, ERIKA
Address: 234 KRIDER ROAD
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: PIERCE, MARVA D
Address: 1115 HUGHES AVE
City-St-Zip: SANFORD, FL 32771

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERIKA HARVEY TS 03/24/2009

Electronic Signature of Signing Officer or Director — Date