

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000001126

**Entity Name:** WE CARE BRIDGING GAPS, INC.**Current Principal Place of Business:**1706 MULBERRY AVE  
SANFORD, FL 32771**Current Mailing Address:**1706 MULBERRY AVE  
SANFORD, FL 32771**FEI Number:** 59-2497490**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARTIN, EDDIE  
1706 MULBERRY AVE  
SANFORD, FL 32771 US*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**Officer/Director Detail :**

Title	CEO
Name	MARTIN, EDDIE
Address	1706 MULBERRY AVE
City-State-Zip:	SANFORD FL 32771

Title	D
Name	MATTHEWS, DOROTHY D
Address	110 LONDON FOG WAY
City-State-Zip:	SANFORD FL 32771

Title	D
Name	MORRIS, OSCAR
Address	2571 E 21ST STREET
City-State-Zip:	SANFORD FL 32771

Title	P
Name	HENRY, JAN
Address	205 TERRY LANE
City-State-Zip:	SANFORD FL 32771

Title	D
Name	ROBERSON, GRADY
Address	1413 LOCUST AVENUE
City-State-Zip:	SANFORD FL 32771

Title	DIRECTOR
Name	JOHNSON, MARGUERITE R
Address	401 E. 1ST STREET #117
City-State-Zip:	SANFORD FL 32772

Title	D
Name	WHITTAKER, ROBERT
Address	2705 TEAK PLACE
City-State-Zip:	LAKE MARY FL 32746

*I hereby 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 all other like empowered.*

**SIGNATURE:** MARGUERITE JOHNSON

D

03/03/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date