

**2015 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 TREASURER  
Name GREEN, FELICIA A T  
Address 2480 BYRD 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

*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 R. JOHNSON**DIRECTOR****03/04/2015**

Electronic Signature of Signing Officer/Director Detail

Date