

2020 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 MORRIS, OSCAR
Address 2571 E 21ST STREET
City-State-Zip: SANFORD FL 32771

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

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

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

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

Title TREASURER
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 JOHNSON**TREASURER****02/11/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date