

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000004468

Entity Name: ONE WORLD CARE, INC.

Current Principal Place of Business:

5200 NW 43RD STREET STE 102-346
GAINESVILLE, FL 32606-4484

Current Mailing Address:

5200 NW 43RD STREET STE 102-346
GAINESVILLE, FL 32606-4484

FEI Number: 45-5236378

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DILL, R. JOSEPH
8818 GOODBYS EXECUTIVE DRIEV STE 100
JACKSONVILLE, FL 32217-4605 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 D
Name AMERSON, JOHN
Address 5200 NW 43RD STREET STE 102-346
City-State-Zip: GAINESVILLE FL 32606-4484

Title D
Name COLON, STEVEN C
Address 5200 NW 43RD STREET STE 102-346
City-State-Zip: GAINESVILLE FL 32606-4484

Title D
Name ENNEKING, VIA
Address 5200 NW 43RD STREET STE 102-346
City-State-Zip: GAINESVILLE FL 32606-4484

Title D
Name LEWITT, JERRY
Address 5200 NW 43RD STREET STE 102-346
City-State-Zip: GAINESVILLE FL 32606-4484

Title D
Name LILIEHOLM, JEANNIE
Address 5200 NW 43RD STREET STE 102-346
City-State-Zip: GAINESVILLE FL 32606-4484

Title D
Name LILIEHOLM, LENNART
Address 5200 NW 43RD STREET STE 102-346
City-State-Zip: GAINESVILLE FL 32606-4484

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: STEVEN C COLON

DIRECTOR

03/20/2013

Electronic Signature of Signing Officer/Director Detail

Date