

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000000143

**Entity Name:** WE CARE ABOUT PEOPLE, INC.

**Current Principal Place of Business:**

1408 8TH STREET  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

PO BOX 1951  
WEST PALM BEACH, FL 33402-1951 US

**FEI Number: 83-3043865**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CHESTNUT, CANTA  
1540 6TH STREET  
WEST PALM BEACH, FL 33401 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 P  
Name CHESTNUT, CANTA Y  
Address PO BOX 1951  
City-State-Zip: WEST PALM BEACH FL 33402-1951

Title VP  
Name GAVIN, PATRICIA A  
Address PO BOX 1951  
City-State-Zip: WEST PALM BEACH FL 33402-1951

Title TREASURER  
Name CHESTNUT, TAMARA L  
Address PO BOX 1951  
City-State-Zip: WEST PALM BEACH FL 33402-1951

Title SECRETARY  
Name GILBERT, ELLA M  
Address PO BOX 1951  
City-State-Zip: WEST PALM BEACH FL 33402-1951

Title D  
Name WARD, KISHIA S  
Address PO BOX 1951  
City-State-Zip: WEST PALM BEACH FL 33402-1951

Title DIRECTOR  
Name GRAYSON, CHAVELA  
Address PO BOX 1951  
City-State-Zip: WEST PALM BEACH FL 33402-1951

Title DIRECTOR  
Name GORDON, KARANZA  
Address PO BOX 1951  
City-State-Zip: WEST PALM BEACH FL 33402-1951

*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: CANTA CHESTNUT**

**PRESIDENT**

**04/30/2024**

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

\_\_\_\_\_  
Date