

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000009199

**Entity Name:** WECARE FAMILY CONNECTIONS INC.

**Current Principal Place of Business:**

7320 E FLETCHER AVE  
TAMPA, FL 33637

**Current Mailing Address:**

7320 E FLETCHER AVE  
TAMPA, FL 33637 US

**FEI Number:** 85-2894697

**Certificate of Status Desired:** No

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

PIERRE, WEBSTER  
13912 SNOWY PLOVER LANE  
RIVERVIEW, FL 33579 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 PIERRE, STEPHENA  
Address 13912 SNOWY PLOVER LANE  
City-State-Zip: RIVERVIEW FL 33579

Title VP  
Name OCTAVIEN, FARAH  
Address 2873 VILLAGE PARK EAST  
City-State-Zip: ELLENWOOD GA 30294

Title CFO  
Name OCTAVIEN, FRITZ  
Address 2873 VILLAGE PARK EAST  
City-State-Zip: ELLENWOOD GA 30294

Title COO  
Name PIERRE, WEBSTER  
Address 13912 SNOWY PLOVER LANE  
City-State-Zip: RIVERVIEW FL 33578

*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:** WEBSTER PIERRE

COO

03/08/2023

Electronic Signature of Signing Officer/Director Detail

Date