# 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.

COO

#### SIGNATURE: WEBSTER PIERRE

Electronic Signature of Signing Officer/Director Detail

## 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N2000009199

Entity Name: WECARE FAMILY CONNECTIONS INC.

#### **Current Principal Place of Business:**

13912 SNOWY PLOVER LANE RIVERVIEW, FL 33579

#### **Current Mailing Address:**

13912 SNOWY PLOVER LANE RIVERVIEW, FL 33579 US

#### FEI Number: 85-2894697

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

PIERRE, WEBSTER 13912 SNOWY PLOVER LANE RIVERVIEW, FL 33579 US

Date

Certificate of Status Desired: No

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

### Officer/Director Detail :

Title	Ρ	Title	VP
Name	PIERRE, STEPHENA	Name	OCTAVIEN, FARAH
Address	13912 SNOWY PLOVER LANE	Address	2873 VILLAGE PARK EAST
City-State-Zip:	RIVERVIEW FL 33579	City-State-Zip:	ELLENWOOD GA 30294
Title	CFO	Title	COO
Title Name	CFO OCTAVIEN, FRITZ	Title Name	COO PIERRE, WEBSTER

04/07/2021