### 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N98000005160

Entity Name: WE CARE OF CENTRAL FLORIDA, INC.

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

205 FARNOL ST. SW WINTER HAVEN, FL 33880

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

205 FARNOL ST. SW WINTER HAVEN, FL 33880 US

# FEI Number: 59-3529279

# Name and Address of Current Registered Agent:

STEPHENSON, HEATHER M 205 FARNOL ST. SW WINTER HAVEN, FL 33880 US Certificate of Status Desired: Yes

| SIGNATURE       | E HEATHER M STEPHENSON                   |                 |                         | 01/31/2022 |  |
|-----------------|--|-----------------|-------------------------|------------|--|
|                 | Electronic Signature of Registered Agent |                 |                         | Date       |  |
| Officer/Dired   | ctor Detail :                            |                 |                         |            |  |
| Title           | DIRECTOR                                 | Title           | VICE PRESIDENT          |            |  |
| Name            | GEORGE, LYLE DR.                         | Name            | SCHEMMER, GARY DR.      |            |  |
| Address         | 205 FARNOL ST., SW                       | Address         | 205 FARNOL ST., SW      |            |  |
| City-State-Zip: | WINTER HAVEN FL 33880                    | City-State-Zip: | WINTER HAVEN FL 33880   |            |  |
| Title           | PRESIDENT                                | Title           | TREASURER               |            |  |
| Name            | LOEWY, DAVID DR.                         | Name            | THORNTON, ELLEN         |            |  |
| Address         | 205 FARNOL ST., SW                       | Address         | 205 FARNOL ST., SW      |            |  |
| City-State-Zip: | WINTER HAVEN FL 33880                    | City-State-Zip: | WINTER HAVEN FL 33880   |            |  |
| Title           | DIRECTOR                                 | Title           | DIRECTOR                |            |  |
| Name            | IRBY, NICOLE                             | Name            | BENEDICT, STEPHANIE DR. |            |  |
| Address         | 205 FARNOL ST., SW                       | Address         | 205 FARNOL ST., SW      |            |  |
| City-State-Zip: | WINTER HAVEN FL 33880                    | City-State-Zip: | WINTER HAVEN FL 33880   |            |  |
| Title           | SECRETARY                                | Title           | DIRECTOR                |            |  |
| Name            | TURNER, BARBARA                          | Name            | NARDELLI, DORIS         |            |  |
| Address         | 205 FARNOL ST., SW                       | Address         | 205 FARNOL ST., SW      |            |  |
| City-State-Zip: | WINTER HAVEN FL 33880                    | City-State-Zip: | WINTER HAVEN FL 33880   |            |  |
|                 |  | Continues of    | Continues on page 2     |            |  |

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.

CEO

01/31/2022

Electronic Signature of Signing Officer/Director Detail

Date

### **Officer/Director Detail Continued :**

| Title           | CEO                   |
|-----------------|-----------------------|
| Name            | STEPHENSON, HEATHER M |
| Address         | 205 FARNOL ST., SW    |
| City-State-Zip: | WINTER HAVEN FL 33880 |