

2017 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**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**TOMLIN, LORI
205 FARNOL ST. SW
WINTER HAVEN, FL 33880 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:** LORI TOMLIN

03/20/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name GEORGE, LYLE DR.
Address 205 FARNOL ST., SW
City-State-Zip: WINTER HAVEN FL 33880

Title VICE PRESIDENT
Name SCHEMMER, GARY DR.
Address 205 FARNOL ST., SW
City-State-Zip: WINTER HAVEN FL 33880

Title PRESIDENT
Name LOEWY, DAVID DR.
Address 205 FARNOL ST., SW
City-State-Zip: WINTER HAVEN FL 33880

Title TREASURER
Name THORNTON, ELLEN
Address 205 FARNOL ST., SW
City-State-Zip: WINTER HAVEN FL 33880

Title DIRECTOR
Name RUBIN, PATTI
Address 205 FARNOL ST., SW
City-State-Zip: WINTER HAVEN FL 33880

Title DIRECTOR
Name BENEDICT, STEPHANIE DR.
Address 205 FARNOL ST., SW
City-State-Zip: WINTER HAVEN FL 33880

Title SECRETARY
Name TURNER, BARBARA
Address 205 FARNOL ST., SW
City-State-Zip: WINTER HAVEN FL 33880

Title DIRECTOR
Name NARDELLI, DORIS
Address 205 FARNOL ST., SW
City-State-Zip: WINTER HAVEN FL 33880

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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: LORI TOMLIN

CEO

03/20/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	CEO
Name	LORI, TOMLIN
Address	205 FARNOL ST., SW
City-State-Zip:	WINTER HAVEN FL 33880