4-4-95 B-2098-XC

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR -6 AM 6:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **709734** **(8)**

1. Corporation Name

WE CARE CRISIS CENTER, INC.

Principal Place of Business	Mailing Address
112 PASADENA PLACE ORLANDO FL 32803	112 PASADENA PLACE ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/08/1965**
3a. Date of Last Report: **04/07/1994**
4. FEI Number: **59-1171068** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

9. Name and Address of Current Registered Agent

PERDUE, WENDY
103 MEADOW BLVD
SANFORD FL 32771

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	DALSEMER, PATRICK	1.2 NAME	Burt Bertram	
STREET ADDRESS	1892 STONCHURST RD	1.3 STREET ADDRESS	2718-B N. Orange Ave.	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, FL 32804	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	WEST, LOLA	2.2 NAME	Robert Cross	
STREET ADDRESS	951 CYPRESS LN	2.3 STREET ADDRESS	211 Waterbury Lane	
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	Indian Harbour, FL 32937	
TITLE	TD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	DEY, MICHAEL	3.2 NAME	Helaine Blum	
STREET ADDRESS	3501 PINETREE ROAD	3.3 STREET ADDRESS	971 Arden St.	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Longwood, FL 32750	
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	MOON, N. JEANNE	4.2 NAME		
STREET ADDRESS	1924 POINSETTA LANE	4.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL	4.4 CITY-ST-ZIP		
TITLE	PD	5.1 TITLE		☐ Change ☐ Addition
NAME	PERDUE, WENDY	5.2 NAME		
STREET ADDRESS	103 MEADOW BLVD	5.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL	5.4 CITY-ST-ZIP		
TITLE	VD	6.1 TITLE		☐ Change ☐ Addition
NAME	~~CROSS, ROBERT~~	6.2 NAME		
STREET ADDRESS	~~211 WATERBURY LANE~~	6.3 STREET ADDRESS		
CITY-ST-ZIP	~~INDIAN HARBOR FL~~	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wendy L. Perdue — 3/16/95 — (407)425-2624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004172

709734

Internal Revenue Service
EO Group 7404 Stop 520-D
401 West Peachtree Street
Atlanta, GA 30365

Date: October 12, 1994

WE CARE INC
112 PASADENA PL
ORLANDO, FL 32803

Employer Identification #:
59-1171068
Date of Inquiry:
9-26-94
Contact Person: Ms. Neese
Phone #: 404/331-3006

Dear Taxpayer:

This is in response to your request for confirmation of your exemption from Federal income tax.

You were recognized as an organization exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code by our letter of JAN 1967 within the meaning of section 509(a) of the Code because you are an organization described in section 170(b)(1)(A)(vi) and 509(a)(1). Contributions to you are deductible as provided in section 170 of the Code.

The tax exempt status recognized by our letter referred to above is currently in effect and will remain in effect until terminated, modified or revoked by the Internal Revenue Service. Any change in your purposes, character, or method of operation must be reported to us so we may consider the effect of the change on your exempt status. You must also report any change in your name and address.

Sincerely,

EO Coordinator

100 ltr

Department of the Treasury
Internal Revenue Service
ATLANTA, GA 39901

Date of this notice: NOV. 21, 1995
Taxpayer Identifying Number: 59-1171068
Form: 2353 Tax Period:

For assistance you may call us at:
354-1760 LOCAL JAX.
1-800-829-1040 OTHER FL

WE CARE CRISIS CENTER INC
112 PASADENA PL
ORLANDO FL 32803-3826122

WE CHANGED YOUR NAME AND/OR ADDRESS

THANK YOU FOR YOUR CORRESPONDENCE. AS YOU REQUESTED, WE'VE MADE THE FOLLOWING CHANGES TO YOUR NAME AND/OR ADDRESS:

NAME AND ADDRESS PREVIOUSLY SHOWN ON YOUR ACCOUNT	NAME AND ADDRESS NOW SHOWN ON YOUR ACCOUNT
WE CARE INC 112 PASADENA PL ORLANDO FL 32803-3826122	WE CARE CRISIS CENTER INC 112 PASADENA PL ORLANDO FL 32803-3826122

IF YOU DON'T AGREE WITH THIS CHANGE, PLEASE LET US KNOW.