

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 709734

FILED
Mar 04, 2002 8:00 AM
Secretary of State

Entity Name: WE CARE CRISIS CENTER, INC.

Current Principal Place of Business:

112 PASADENA PLACE
ORLANDO, FL 32803

New Principal Place of Business:

3660 MAGUIRE BLVD, SUITE 320
ORLANDO, FL 32803

Current Mailing Address:

112 PASADENA PLACE
ORLANDO, FL 32803

New Mailing Address:

3660 MAGUIRE BLVD, SUITE 320
ORLANDO, FL 32803

FEI Number: 59-1171068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PERDUE, WENDY
1226 SHAGROCK COURT
SANFORD, FL 32771

Name and Address of New Registered Agent:

PERDUE, WENDY
1226 SHAGROCK COURT
ORLANDO, FL 32828

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:

03/04/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AMON, LINDA
Address: 2100 LEE ROAD
City-St-Zip: WINTER PARK, FL 32789

Title: PD () Delete
Name: PERDUE, WENDY
Address: 1226 SHAGROCK COURT
City-St-Zip: ORLANDO, FL 32828

Title: VD () Delete
Name: GARDNER, WAYNE
Address: 5395 L B MCLEOD RD
City-St-Zip: ORLANDO, FL 32811

Title: STD () Delete
Name: MOORHEAD, BRENNNA
Address: PO BOX 1894
City-St-Zip: ORLANDO, FL 32802

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BERTRAM, BURT
Address: 525 SHERIDAN BLVD
City-St-Zip: ORLANDO, FL 32804

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: KAISER, GARY
Address: 21 STONE GATE SOUTH
City-St-Zip: LONGWOOD, FL 32779

Title: TD (X) Change () Addition
Name: CLEMENTS, BILL
Address: 2600 MAITLAND CENTER PKWY #180
City-St-Zip: MAITLAND, FL 32751

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WENDY L. PERDUE

PD

03/04/2002

Electronic Signature of Signing Officer or Director

Date