

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 746243**

1. Entity Name

WELCOME HOME OF FT. PIERCE, INC.



Principal Place of Business

4600 OLEANDER AVE  
FORT PIERCE FL 34982

Mailing Address

C/O PATT MCPHERSON  
2050 OLEANDER BLVD., #8-207  
FORT PIERCE FL 34950



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2002450

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

QUINA, TOM  
1009 HISPANA AVENUE  
FT. PIERCE FL 34982

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME  
MCPHERSON, PATT  
STREET ADDRESS  
2050 OLEANDER BLVD. #8-207  
CITY- ST- ZIP  
FORT PIERCE FL 34950

TITLE ☐ Delete  
NAME  
QUINA, TOM  
STREET ADDRESS  
1009 HISPANA AVE  
CITY- ST- ZIP  
FT. PIERCE FL

TITLE ☐ Delete  
NAME  
BOWERS, HERMAN  
STREET ADDRESS  
5900 DELEON AVE  
CITY- ST- ZIP  
FORT PIERCE FL 34951

TITLE ☐ Delete  
NAME  
HUGHART, RON  
STREET ADDRESS  
1403 VALENCIA AVE  
CITY- ST- ZIP  
FORT PIERCE FL 34946

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
U000000917325  
05/13/08-80037-007 61.25

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia McPherson* Patricia McPherson 4/20/08