

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000608

Entity Name: WE REMEMBER, INC.

FILED
Apr 16, 2004
Secretary of State

Current Principal Place of Business:

PO BOX 10126
BROOKSVILLE, FL 346030126

New Principal Place of Business:

Current Mailing Address:

PO BOX 10126
BROOKSVILLE, FL 346030126

New Mailing Address:

FEI Number: 52-2019876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALDRON, VERNON E
10541 NODDY TERN RD
BROOKSVILLE, FL 346135319 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WALDRON, VERNON E
Address: 10451 NODDY TERN RD
City-St-Zip: BROOKSVILLE, FL 346135319

Title: S () Delete
Name: WALDRON, CHRISTINE
Address: 10451 NODDY TERN RD
City-St-Zip: BROOKSVILLE, FL 346135319

Title: T () Delete
Name: CLARK, RHONDA
Address: 68 NORTHSIP RD
City-St-Zip: BALTIMORE, MD 21222

Title: V () Delete
Name: HOLT, KRISTEN
Address: 517 W KNEPP AVE
City-St-Zip: FULLERTON, CA 92832

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: VERNON WALDRON

P

04/16/2004

Electronic Signature of Signing Officer or Director

Date