

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000608

FILED
Jul 23, 2008
Secretary of State

Entity Name: WE REMEMBER, INC.

Current Principal Place of Business:

10541 NODDY TERN ROAD
BROOKSVILLE, FL 34613

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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WALDRON, VERNON E
10541 NODDY TERN RD
BROOKSVILLE, FL 346135319 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: _____

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: MALPICA, DENISE
Address: 12708 BRUCE B. DOWNS BLVD.
City-St-Zip: TAMPA, FL 33612

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

Title: T () Delete
Name: POIST, ALBERTA
Address: 1312 S. BONSALE STREET
City-St-Zip: BALTIMORE, MD 21224

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 exemption stated in Chapter 119, 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 E. WALDRON

P

07/23/2008

Electronic Signature of Signing Officer or Director

Date