

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005308

FILED
Mar 30, 2004
Secretary of State

Entity Name: WE 2 HAVE PARENTAL RIGHTS FOUNDATION, INC.

Current Principal Place of Business:

664 OAK HOLLOW WAY
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

132 KENTUCKY BLUE CIRCLE
APOPKA, FL 32712

Current Mailing Address:

664 OAK HOLLOW WAY
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

132 KENTUCKY BLUE CIRCLE
APOPKA, FL 32712

FEI Number: 59-3662024

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COONS-ANDERSON, LISA
664 OAK HOLLOW WAY
ALTAMONTE SPRINGS, FL 32714

Name and Address of New Registered Agent:

COONS-ANDERSON, LISA
132 KENTUCKY BLUE CIRCLE
APOPKA, FL 32712

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:

03/30/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COONS-ANDERSON, LISA
Address: 664 OAK HOLLOW WAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VPD () Delete
Name: FREEMAN, PAT
Address: 962 SOUTHRIDGE TRAIL
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SD () Delete
Name: WOMACK, CAROL
Address: P O BOX 520262
City-St-Zip: LONGWOOD, FL 32752

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COONS-ANDERSON, LISA
Address: 132 KENTUCKY BLUE CIRCLE
City-St-Zip: APOPKA, FL 32712

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

Title: SD (X) Change () Addition
Name: WOMACK, CAROL
Address: P O BOX 607102
City-St-Zip: ORLANDO, FL 32860

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: LISA COONS ANDERSEN

PD

03/30/2004

Electronic Signature of Signing Officer or Director

Date