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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-02-2002 90043 014 ****70.00

DOCUMENT # N00000007771

1. Entity Name

WECAM FOUNDATION, INC.

Principal Place of Business

Mailing Address

3047 HEROLD DRIVE
ORLANDO FL 328053047 HEROLD DRIVE
ORLANDO FL 32805

25359



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1726257

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AL-AMIN, WALI
3047 HEROLD DRIVE
ORLANDO FL 32805

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD <i>Chairman</i>	<input type="checkbox"/> Delete
NAME	AL-AMIN, WALI	
STREET ADDRESS	3047 HEROLD DRIVE	<i>Chairman</i>
CITY-ST-ZIP	ORLANDO FL 32805	

TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, EMILY	
STREET ADDRESS	5093 SEEBALT	
CITY-ST-ZIP	DETROIT MI 48204	

TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, CECILY	
STREET ADDRESS	5093 SEEBALT	
CITY-ST-ZIP	DETROIT MI 48204	

TITLE	D	<input type="checkbox"/> Delete
NAME	RORA, MARTHA	
STREET ADDRESS	4135 LENOX BOULEVARD	
CITY-ST-ZIP	ORLANDO FL 32805	

TITLE	(Director)	<input type="checkbox"/> Delete
NAME	LYNN S. NICHOLSON	
STREET ADDRESS	36 N. TERRAY AVENUE	
CITY-ST-ZIP	ORLANDO, FL 32805	

TITLE	Frederick D. Williams	<input type="checkbox"/> Delete
NAME	913 W. Livingston St. #12 (Director)	
STREET ADDRESS	ORLANDO, Florida 32805-1520	
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/02

Date

Daytime Phone #

CR2ED37 (9/01)