

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000007771

1. Entity Name

WECAM FOUNDATION, INC.



Principal Place of Business

**3047 HEROLD DRIVE
ORLANDO FL 32805**

Mailing Address

**3047 HEROLD DRIVE
ORLANDO FL 32805**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

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

SIGNATURE

Wali Al-Amin

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

(NOTE: Registered Agent signature required when reinstating)

2/18/05

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☐ **Delete**
NAME **AL-AMIN, WALI**
STREET ADDRESS **3047 HEROLD DRIVE**
CITY- ST- ZIP **ORLANDO FL 32805**

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

TITLE **D** ☐ **Delete**
NAME **TAYLOR, EMILY**
STREET ADDRESS **5093 SEEBALT**
CITY- ST- ZIP **DETROIT MI 48204**

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

TITLE **D** ☐ **Delete**
NAME **TAYLOR, CECILY**
STREET ADDRESS **5093 SEEBALT**
CITY- ST- ZIP **DETROIT MI 48204**

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

TITLE **D** ☐ **Delete**
NAME **RORA, MARTHA**
STREET ADDRESS **4135 LENOX BOULEVARD**
CITY- ST- ZIP **ORLANDO FL 32805**

TITLE ☐ **Change** ☐ **Addition**
NAME **U00000238266**
STREET ADDRESS **02/21/05-80092-008 70.00**
CITY- ST- ZIP

TITLE **D** ☐ **Delete**
NAME **NICHOLSON, LYNN S**
STREET ADDRESS **36 N TERRY AVENUE**
CITY- ST- ZIP **ORLANDO FL 32805**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
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 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:

Wali Al-Amin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/18/05