

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 04, 2006 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

2nd MOORE

CR2E037 (4/06)

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

AL-AMIN, WALI  
3047 HEROLD DRIVE  
ORLANDO FL 32805

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By September 6, 2006**

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

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

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
U000000573314  
08/04/06-80002-004 70.00

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

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

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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 exemptions contained 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 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*

8/1/06