

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # N03000008014

1. Entity Name

TWAF-WE CARE RESOURCES, INC.



Principal Place of Business

C/O JANE W. MCMILLAN
ONE SOUTHEAST THIRD AVE
MIAMI FL 33131

Mailing Address

C/O JANE W. MCMILLAN
ONE SOUTHEAST THIRD AVE
MIAMI FL 33131



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

20-0231822

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCMILLAN, JANE W
STOKES MCMILLAN MARACINI & ANTUNEZ P.A.
ONE SOUTHEAST THIRD AVE
MIAMI FL 33131

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 the filer (if applicable)

(NOTE: Registered Agent signature is required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

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 D ☐ Delete
NAME GAUNTT, MILES
STREET ADDRESS 3140 NE 23RD AVE.
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE D ☐ Delete
NAME MCGUIRE, NANCY
STREET ADDRESS 12085 CHAPARRAL DR.
CITY-ST-ZIP BRIDGETON MO 63044

TITLE D ☐ Delete
NAME MCCANN, SHEILA
STREET ADDRESS 694 CEDAR RIDGE
CITY-ST-ZIP BALLWIN MS 63021

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
U000000844671
03/13/08-80009-011 61.25

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

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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 Section 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:

Miles Gauntt

2/29/08 561-265-4396