

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009383

FILED
Mar 20, 2009
Secretary of State

Entity Name: WE CARE OF VALENCIA FALLS INC.

Current Principal Place of Business:

13641 GRANADA MIST WAY
DELRAY BEACH, FL 33446

New Principal Place of Business:

Current Mailing Address:

13641 GRANADA MIST WAY
DELRAY BEACH, FL 33446

New Mailing Address:

FEI Number: 35-2238134

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALIZER, TRUDY MRS.
13641 GRANADA MIST WAY
DELRAY BEACH, FL 33446 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TRUDY, BALIZER MRS.
Address: 13641 GRANADA MIST WAY
City-St-Zip: DELRAY BEACH, FL 33446

Title: P () Delete
Name: ARLENE, GOLDMAN
Address: 7397 CORTES LAKE DRIVE
City-St-Zip: DELRAY BEACH, FL 33446

Title: VP () Delete
Name: CAROL, FUCHS
Address: 7409 CORTES LAKE DRIVE
City-St-Zip: DELRAY BEACH, FL 33446

Title: T () Delete
Name: BETH, ASNER
Address: 13038 MISTY GILRALTER DRIVE
City-St-Zip: DELRAY BEACH, FL 33446

Title: S () Delete
Name: DEEN, BECKER
Address: 7046 AVILA TERRACE WAY
City-St-Zip: DELRAY BEACH, FL 33446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TRUDY BALIZER

OFFI

03/20/2009

Electronic Signature of Signing Officer or Director

Date