

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001126

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: WE CARE BRIDGING GAPS, INC.

**Current Principal Place of Business:**

1706 MULBERRY AVE  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

1706 MULBERRY AVE  
SANFORD, FL 32771

**New Mailing Address:**

FEI Number: 59-2497490      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARTIN, EDDIE  
1706 MULBERRY AVE  
SANFORD, FL 32771      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: CEO ( ) Delete  
Name: MARTIN, EDDIE  
Address: 17006 MULBERRY AVE  
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete  
Name: ASH, WILLIE MAE  
Address: 8102 STONEBROOK DRIVE  
City-St-Zip: SANFORD, FL 32773

Title: D ( ) Delete  
Name: MORRIS, OSCAR  
Address: 2571 E 21ST STREET  
City-St-Zip: SANFORD, FL 32771

Title: P ( ) Delete  
Name: HENRY, JAN  
Address: 205 TERRY LANE  
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete  
Name: ROBERSON, GRADY  
Address: 1413 LOCUST AVENUE  
City-St-Zip: SANFORD, FL 32771

Title: TS ( ) Delete  
Name: HARVEY, ERIKA  
Address: 234 KRIDER ROAD  
City-St-Zip: SANFORD, FL 32771

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: PIERCE, MARVA D  
Address: 1115 HUGHES AVE  
City-St-Zip: SANFORD, FL 32771

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: ERIKA HARVEY

TS

03/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date