## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000001126

Entity Name: WE CARE BRIDGING GAPS, INC.

FILED Apr 13, 2012 Secretary of State

| Current Principal Place of Business: New P | incipal Place of Business: |
|--|----------------------------|
|--|----------------------------|

1706 MULBERRY AVE SANFORD, FL 32771

Current Mailing Address: New Mailing Address:

1706 MULBERRY AVE SANFORD, FL 32771

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

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

MARTIN, EDDIE 1706 MULBERRY AVE SANFORD, FL 32771 US

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

Name: MARTIN, EDDIE
Address: 1706 MULBERRY AVE
City-St-Zip: SANFORD, FL 32771

Title: D

Name: MATTHEWS, DOROTHY D Address: 1706 MULBERRY AVE City-St-Zip: SANFORD, FL 32771

Title:

 Name:
 MORRIS, OSCAR

 Address:
 2571 E 21ST STREET

 City-St-Zip:
 SANFORD, FL 32771

Title: F

 Name:
 HENRY, JAN

 Address:
 205 TERRY LANE

 City-St-Zip:
 SANFORD, FL 32771

Title:

Name: ROBERSON, GRADY
Address: 1413 LOCUST AVENUE
City-St-Zip: SANFORD, FL 32771

Title: TS

Name: HARVEY, ERIKA A Address: 234 KRIDER ROAD City-St-Zip: SANFORD, FL 32771

I hereby 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 all other like empowered.

SIGNATURE: ERIKA A. HARVEY TS 04/13/2012