

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000001149

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Entity Name:** PROJECT CARE INTERNATIONAL FOUNDATION, INC.

**Current Principal Place of Business:**

1200 COUNTRY CLUB DRIVE, UNIT 2404  
LARGO, FL 33771

**New Principal Place of Business:**

**Current Mailing Address:**

1200 COUNTRY CLUB DRIVE, UNIT 2404  
LARGO, FL 33771

**New Mailing Address:**

**FEI Number:** 47-0805951

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OKEREKE, LEWE  
1200 COUNTRY CLUB DRIVE, UNIT 2404  
LARGO, FL 33771 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:** D  
**Name:** UKEKWE, IKEVUDE  
**Address:** 1200 COUNTRY CLUB DRIVE, UNIT 2404  
**City-St-Zip:** LARGO, FL 33771

**Title:** D  
**Name:** OKEREKE, NGOZI  
**Address:** 1200 COUNTRY CLUB DRIVE, UNIT 2404  
**City-St-Zip:** LARGO, FL 33771

**Title:** D  
**Name:** AHONKHAI, VINCENT DR.  
**Address:** 1200 COUNTRY CLUB DRIVE, UNIT 2404  
**City-St-Zip:** LARGO, FL 33771

**Title:** D  
**Name:** OKEREKE, IKENNA C DR.  
**Address:** 1200 COUNTRY CLUB DRIVE, UNIT 2404  
**City-St-Zip:** LARGO, FL 33771

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:** LEWE OKEREKE

TTEE

02/23/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date