


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2007 8:00 am
Secretary of State

07-10-2007 90007 050 ****61.25

DOCUMENT # N06000004245					
1. Entity Name WE S.O.A.R., INC.					
Principal Place of Business 7690 NE 190TH AVENUE WILLISTON, FL 32696			Mailing Address 7690 NE 190TH AVENUE WILLISTON, FL 32696		
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	4. FEI Number 56-2585612	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JOHNSON, MIMI 7690 NE 190TH AVENUE WILLISTON, FL 32696				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, MIMI R		NAME		
STREET ADDRESS	7690 NE 190TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	WILLISTON, FL 32696		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, ALVIN L SR.		NAME	Johnson, Alvin L Sr.	
STREET ADDRESS	7690 NE 190TH AVENUE		STREET ADDRESS	7690 NE 190th Avenue	
CITY-ST-ZIP	WILLISTON, FL 32696		CITY-ST-ZIP	Williston, FL 32696	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERNARD, FANNIE		NAME	Bernard, Fannie	
STREET ADDRESS	2113 NE 200TH AVENUE		STREET ADDRESS	2113 NE 200th Avenue	
CITY-ST-ZIP	WILLISTON, FL 32696		CITY-ST-ZIP	Williston, FL 32696	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLAYTON, VERNELL		NAME		
STREET ADDRESS	11570 NE 106TH COURT		STREET ADDRESS		
CITY-ST-ZIP	ARCHER, FL 32618		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAW, SOUNDRY K		NAME	Law, Soundry K	
STREET ADDRESS	3561 NE 212TH COURT		STREET ADDRESS	3561 NE 212th Court	
CITY-ST-ZIP	WILLISTON, FL 32696		CITY-ST-ZIP	Williston, FL 32696	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENSON, DANA		NAME		
STREET ADDRESS	POST OFFICE BOX 1069		STREET ADDRESS		
CITY-ST-ZIP	ARCHER, FL 32618		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Mimi R. Johnson</i>			Mimi R. Johnson		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daysime Phone #		

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07052007 Chg-NP CR2E037 (12/06)

4. FEI Number
56-2585612

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

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.

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 P ☐ Delete
NAME JOHNSON, MIMI R
STREET ADDRESS 7690 NE 190TH AVENUE
CITY-ST-ZIP WILLISTON, FL 32696

TITLE V ☐ Delete
NAME JOHNSON, ALVIN L SR.
STREET ADDRESS 7690 NE 190TH AVENUE
CITY-ST-ZIP WILLISTON, FL 32696

TITLE S ☐ Delete
NAME BERNARD, FANNIE
STREET ADDRESS 2113 NE 200TH AVENUE
CITY-ST-ZIP WILLISTON, FL 32696

TITLE D ☐ Delete
NAME CLAYTON, VERNELL
STREET ADDRESS 11570 NE 106TH COURT
CITY-ST-ZIP ARCHER, FL 32618

TITLE D ☐ Delete
NAME LAW, SOUNDRY K
STREET ADDRESS 3561 NE 212TH COURT
CITY-ST-ZIP WILLISTON, FL 32696

TITLE D ☐ Delete
NAME HENSON, DANA
STREET ADDRESS POST OFFICE BOX 1069
CITY-ST-ZIP ARCHER, FL 32618

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME LAW, SOUNDRY K
STREET ADDRESS 3561 NE 212TH COURT
CITY-ST-ZIP WILLISTON, FL 32696

ATTACHMENT

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10. (cont.)

11. (cont.)

T

Henderson, Bertha
14706 SW 170th Street
Archer, FL 32618