

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

**FILED**  
**Jun 11, 2008 08:00 AM**  
**Secretary of State**



06092008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>56-2585612</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

JOHNSON, MIMI  
7690 NE 190TH AVENUE  
WILLISTON, FL 32696

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

U00000953018  
06/11/08-80003-019 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, MIMI R 7690 NE 190TH AVENUE WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, ALVIN L SR. 7690 NE 190TH AVENUE WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BERNARD, FANNIE 2113 NE 200TH AVENUE WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAYTON, VERNELL 11570 NE 106TH COURT ARCHER, FL 32618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAW, SOUNDRY K 3561 NE 212TH COURT WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENSON, DANA POST OFFICE BOX 1069 ARCHER, FL 32618

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IN THIS SPACE**

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:** *Mimi R. Johnson* Mimi R. Johnson 6/9/08 352-361-6528  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #