

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2008 8:00 am
Secretary of State

08-04-2008 90033 026 ****61.25

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1. Entity Name
WE...WEE...CARE INC.



Principal Place of Business
**1610 E LAKE AVE
TAMPA, FL 33610**

Mailing Address
**1610 E LAKE AVE
TAMPA, FL 33610**

60046225



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

07312008

Chg-NP

CR2E037 (12/06)

4. FEI Number
43-2109004

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHEPARD, REMINGTON
1608 E LAKE AVE
TAMPA, FL 33610-8142**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME SHEPARD, REMINGTON
STREET ADDRESS 1610 E LAKE AVE
CITY-ST-ZIP TAMPA, FL 33610

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME BYRON, VICKYE
STREET ADDRESS 1610 E LAKE AVE
CITY-ST-ZIP TAMPA, FL 33610

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☒ Delete
NAME SHEPARD, LINDA
STREET ADDRESS 1610 E LAKE AVE
CITY-ST-ZIP TAMPA, FL 33610

TITLE ☒ Change ☐ Addition
NAME Secretary
STREET ADDRESS Kelly, Stephanie
CITY-ST-ZIP 1610 E LAKE AVE
TAMPA, FL 33610

TITLE TD ☐ Delete
NAME RUSHING, JACQUELYN W
STREET ADDRESS 1610 E LAKE AVE
CITY-ST-ZIP TAMPA, FL 33610

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Lemista Shepard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-31-08
Date

813-248-5126
Daytime Phone #