

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001060

FILED  
Feb 24, 2009  
Secretary of State

Entity Name: WEE CARE CHRISTIAN ACADAMY CORP.

**Current Principal Place of Business:**

10525 LEBBANON STREET  
MYAKKA CITY, FL 34251

**New Principal Place of Business:**

**Current Mailing Address:**

10525 LEBBANON STREET  
MYAKKA CITY, FL 34251

**New Mailing Address:**

FEI Number: 26-1792274

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MYAKKA CITY UNITED MEDHODIST CHURCH  
10525 LEBANON STREET  
MYAKKA CITY, FL 34251 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: P ( ) Delete  
Name: WELLS, DONALD  
Address: 25441 69TH AVE. E.  
City-St-Zip: MYAKKA CITY, FL 34251

Title: DIR ( ) Delete  
Name: CARTER, ROBERT L  
Address: 37425 BOYD ROAD  
City-St-Zip: MYAKKA CITY, FL 34251

Title: DIR ( ) Delete  
Name: ZARZYCKI, CHESTER  
Address: 38400 STATE ROAD 70 E.  
City-St-Zip: MYAKKA CITY, FL 34251

Title: DIR ( ) Delete  
Name: MIZELL, AMY  
Address: 10243 MIZELL ROAD  
City-St-Zip: MYAKKA CITY, FL 34251

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DIR (X) Change ( ) Addition  
Name: WHITE, LARRY  
Address: 38400 STATE ROAD 70 E.  
City-St-Zip: MYAKKA CITY, FL 34251

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT CARTER

DIR

02/24/2009

Electronic Signature of Signing Officer or Director

Date