

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001060

FILED
Feb 10, 2011
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:

P.O. BOX 145
MYAKKA CITY, FL 34251

New Mailing Address:

FEI Number: 26-1792274

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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
Name: WELLS, DONALD
Address: 25441 69TH AVE. E.
City-St-Zip: MYAKKA CITY, FL 34251

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

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

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

Title: DIR
Name: DUPUY, LAURIE
Address: 11040 M J ROAD
City-St-Zip: MYAKKA CITY, FL 34251

Title: DIR
Name: JONES, SHANNON
Address: 11151 M J ROAD
City-St-Zip: MYAKKA CITY, FL 34251

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: ROBERT CARTER

DIR

02/10/2011

Electronic Signature of Signing Officer or Director

Date