2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 04, 2009
Secretary of State

DOCUMENT# N08000006844

Entity Name: WE CARE OUTREACH, INC.

Current Principal Place of Business:

1604-GEORGIA AVE
LYNN HAVEN, FL 32444 BA

New Principal Place of Business:

Current Mailing Address:

1604-GEORGIA AVE
LYNN HAVEN, FL 32444 BA

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LEWIS-WILLIAMS, BRENDA
1604-GEORGIA AVE
LYNN HAVEN, FL 32444 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: HUDSON, JENELLIE
Address: 1604-GEORGIA AVE
City-St-Zip: LYNN HAVEN, FL 32444 BA

Title: VP ( ) Delete
Name: HUDSON, PERRY
Address: 1604-GEORGIA AVE
City-St-Zip: LYNN HAVEN, FL 32444 BA

Title: D ( ) Delete
Name: LEWIS-WILLIAMS, BRENDA
Address: 1604-GEORGIA AVE
City-St-Zip: LYNN HAVEN, FL 32444 BA

Title: D ( ) Delete
Name: WILLIAMS, BREVRHETTE
Address: 1604-GEORGIA AVE
City-St-Zip: LYNN HAVEN, FL 32444 BA

Title: D ( ) Delete
Name: RODRIGUEZ, MICAH
Address: 1604-GEORGIA AVE
City-St-Zip: LYNN HAVEN, FL 32444 BA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: JENELLIE HUDSON P 09/04/2009
Electronic Signature of Signing Officer or Director — Date