

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007140

FILED
Jan 20, 2009
Secretary of State

Entity Name: JCLW CARE FOUNDATION, INC.

Current Principal Place of Business:

5450 BRUCE B. DOWNS BLVD.
SUITE 337
WESLEY CHAPEL, FL 33544

New Principal Place of Business:

Current Mailing Address:

5450 BRUCE B. DOWNS BLVD.
SUITE 337
WESLEY CHAPEL, FL 33544

New Mailing Address:

FEI Number: 26-3859579

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WELLS, DEE DEE A
5450 BRUCE B. DOWNS BLVD.
SUITE 337
WESLEY CHAPEL, FL 33544 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, DEE DEE A
Address: 5450 BRUCE B. DOWNS BLVD., SUITE 337
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: V () Delete
Name: WELLS, ANNE R
Address: 246 ORANGE STREET
City-St-Zip: COCOA, FL 32922

Title: S () Delete
Name: WHITE, ANNETTE W
Address: 1227 WINDING MEADOWS ROAD
City-St-Zip: ROCKLEDGE, FL 32955

Title: O () Delete
Name: WELLS, OLIVER W
Address: 246 ORANGE STREET
City-St-Zip: COCOA, FL 32922

Title: T () Delete
Name: WELLS, DEE DEE A
Address: 5450 BRUCE B. DOWNS BLVD., STE. 337
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: O () Delete
Name: WELLS, WILLIE O JR.
Address: 246 ORANGE STREET
City-St-Zip: COCOA, FL 32922

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:

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: DEE DEE A. WELLS

P

01/20/2009

Electronic Signature of Signing Officer or Director

Date