

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000004725

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** THE CASCADES WE CARE, INC.

**Current Principal Place of Business:**

7701 CASCADES ISLES BOULEVARD  
BOYNTON BEACH, FL 33437

**New Principal Place of Business:**

11564 ALANA TERRACE  
BOYNTON BEACH, FL 33437

**Current Mailing Address:**

7701 CASCADES ISLES BOULEVARD  
BOYNTON BEACH, FL 33437

**New Mailing Address:**

11564 ALANA TERRACE  
BOYNTON BEACH, FL 33437

**FEI Number:** 01-0930951

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROSEN, CORINNE  
11590 BALLYLEE TERRACE  
BOYNTON BEACH, FL 33435 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: D  
Name: ROSEN, CORINNE  
Address: 11590 BALLYLEE TERRACE  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D  
Name: LEVINE, JOAN  
Address: 7046 HAVILAND CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D  
Name: WEISGRAU, BERNICE  
Address: 11564 ALANA TERRACE  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: TREA  
Name: WEISGRAU, AARON  
Address: 11564 ALANA TERRACE  
City-St-Zip: BOYNTON BEACH, FL 33437

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:** AARON WEISGRAU

TREA

04/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date