

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000004725

FILED  
Mar 16, 2011  
Secretary of State

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

**Current Principal Place of Business:**

11564 ALANA TERRACE  
BOYNTON BEACH, FL 33437

**New Principal Place of Business:**

**Current Mailing Address:**

11564 ALANA TERRACE  
BOYNTON BEACH, FL 33437

**New Mailing Address:**

**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

03/16/2011

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

\_\_\_\_\_  
Date