

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000007720

FILED  
Apr 26, 2010  
Secretary of State

**Entity Name:** SEAS OF WISDOM CARING CENTER INC

**Current Principal Place of Business:**

3022 SUNSET LANE  
MARGATE, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

3022 SUNSET LANE  
MARGATE, FL 33063

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

WISDOM, GEORGE L  
3022 SUNSET LANE  
MARGATE, FL 33063 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: WISDOM, GEORGE L  
Address: 3022 SUNSET LANE  
City-St-Zip: MARGATE, FL 33063 US

Title: VP  
Name: WISDOM, GEORGE L JR  
Address: 3022 SUNSET LANE  
City-St-Zip: MARGATE, FL 33063 US

Title: SEC  
Name: WISDOM, ALYSSA  
Address: 3022 SUNSET LANE  
City-St-Zip: MARGATE, FL 33063 US

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: GEORGE WISDOM L

CEO

04/26/2010

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

\_\_\_\_\_  
Date