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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N36707** (0)

1. Corporation Name

WE CARE MINISTRIES, INC.

Principal Place of Business

**4233 22 PL SW
NAPLES FL 34116**

Mailing Address

**4233 22 PL SW
NAPLES FL 34116-7001**

3. Date Incorporated or Qualified

02/16/1990

4. FEI Number

65-0171047

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**WEEKS, PATRICIA
284 SABAL PALM ROAD
NAPLES FL 34114**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

PATRICIA WEEKS
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when resigning)

1/17/98
Date

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **FRENCH, BEVERLY**
STREET ADDRESS **4233 22 PL SW**
CITY-ST-ZIP **NAPLES FL**

TITLE **SD** ☐ DELETE
NAME **BLEWETT, THERESE A**
STREET ADDRESS **5761 20TH AVE SW**
CITY-ST-ZIP **NAPLES FL**

TITLE **STD** ☐ DELETE
NAME **WEEKS, PATRICIA**
STREET ADDRESS **284 SABAL PALM ROAD**
CITY-ST-ZIP **NAPLES FL**

TITLE **VPD** ☒ DELETE
NAME **WENMAN, BEVERLY**
STREET ADDRESS **4948 22ND PLACE SW**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **VPD** ☒ Change ☐ Addition
4.2 NAME **ALLEN KRINSKI**
4.3 STREET ADDRESS **2010 44TH AVE SW**
4.4 CITY-ST-ZIP **NAPLES FL 34116**

5.1 TITLE **CHRIS SULLIVAN** ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS **CORRESPONDING SECY**
5.4 CITY-ST-ZIP **127 WILLOWHICK DR.
NAPLES, FLA 34110**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

PATRICIA WEEKS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **941-774-3013**

CR2E037 (10/97)