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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N36707

1. Corporation Name

WE CARE MINISTRIES, INC.

Principal Place of Business

4233 22 PL SW
NAPLES FL 34112

Mailing Address

3823 TAMiami TRL E
#446
NAPLES FL 34112
US



2. Principal Place of Business

21 663 CRICKET LAKE DR.

Suite, Apt. #, etc.

22 City & State

23 NAPLES, FLA

Zip Country

24 34112 25 U.S.A

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

02/16/1990

4. FEI Number

65-0171047

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

TITLE VPD
NAME KRINSKI, ALLEN
STREET ADDRESS 2010 44 TERRACE SW
CITY-ST-ZIP NAPLES FL 34116 ☒ DELETE

TITLE S
NAME SULLIVAN, CHRIS
STREET ADDRESS 127 WILLOW DR
CITY-ST-ZIP NAPLES FL 34110 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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 ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)