

2000 UNIFORM BUSINESS REPORT (UBR)

1/

DOCUMENT # N36707

1. Entity Name

WE CARE MINISTRIES, INC.

Principal Place of Business

663 CRICKET LAKE DR
NAPLES FL 34112

Mailing Address

PMB #446
3823 TAMiami TrL E
NAPLES FL 34112-6224
US

2. Principal Place of Business

3. Mailing Address

PMB #446 3823 TAMiami TrL E

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

NAPLES FL

4. FEI Number

65-0171047

Applied For

Not Applicable

Zip

Country

Zip

Country

34112

FLORIDA

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEEKS, PATRICIA
284 SABAL PALM ROAD
NAPLES FL 34114

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	FRENCH, BEVERLY	
STREET ADDRESS	4233 22 PL SW Dir.	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BLEWETT, THERESE A	
STREET ADDRESS	5761 20TH AVE SW	
CITY-ST-ZIP	NAPLES FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WEEKS, PATRICIA	
STREET ADDRESS	284 SABAL PALM ROAD DR.	
CITY-ST-ZIP	NAPLES FL	
TITLE	SUPERVISOR	<input type="checkbox"/> Delete
NAME	SULLIVAN, CHRIS	
STREET ADDRESS	127 WILLOW WICK DR Dir.	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE		<input type="checkbox"/> Delete
NAME	Joyce Wilcox	
STREET ADDRESS	563 CRICKET LAKE DR.	
CITY-ST-ZIP	NAPLES, FLA. 34112	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	1	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	663 CRICKET LAKE DR	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 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

1/20/2000

941-774-3063

Daytime Phone #

CR2E037 (9/99)