

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90235 047 *****61.25

0072748

DOCUMENT # N36707

1. Entity Name

WE CARE MINISTRIES, INC.

Principal Place of Business

663 CRICKET LAKE DR
NAPLES FL 34112

4924 21st Ave SW
NAPLES, FL 34116

Mailing Address

PMB 446
3823 TAMiami TRl E
PMB 446
NAPLES FL 34112
US

2. Principal Place of Business

4924 21st Ave SW

3. Mailing Address

PMB 446

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES FL

Zip

34116

Country

Collier

Zip

34114

Country

Collier

6. Name and Address of Current Registered Agent

WEEKS, PATRICIA
284 SABAL PALM ROAD
NAPLES FL 34114

7. Name and Address of New Registered Agent

Name
MARY WOODS-HAMILTON
Street Address (P.O. Box Number is Not Acceptable)
4924 21st Ave SW
NAPLES FL 34116
City
FL Zip Code
34116

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 MARY WOODS-HAMILTON

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

Mary Woods-Hamilton

(NOTE: Registered Agent signature required when reinstating)

4/19/01

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME FRENCH, BEVERLY
STREET ADDRESS 663 CRICKET LAKE DR
CITY-ST-ZIP NAPLES FL 34112 ☒ Delete

TITLE D
NAME WEEKS, PATRICIA
STREET ADDRESS 284 SABAL PALM ROAD
CITY-ST-ZIP NAPLES FL ☒ Delete

TITLE SD
NAME SULLIVAN, CHRIS
STREET ADDRESS 127 WILLOW WICK DR
CITY-ST-ZIP NAPLES FL 34110 ☐ Delete

TITLE D
NAME WILCOX, JOYCE
STREET ADDRESS 563 CRICKETT LK DR.
CITY-ST-ZIP NAPLES FL 34112 ☒ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT
NAME LARRY J. HAMILTON
STREET ADDRESS 4924 21st Ave SW
CITY-ST-ZIP NAPLES, FLA. 34116 ☐ Change ☒ Addition

TITLE SD/PR
NAME MARY WOODS-HAMILTON
STREET ADDRESS 4924 21st Ave SW
CITY-ST-ZIP NAPLES, FL 34116 ☐ Change ☒ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME TERRY BLEWETT
STREET ADDRESS 576 WESTPORT LANE
CITY-ST-ZIP NAPLES, FL 34116 ☐ Change ☒ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Patricia A Weeks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01

Date

941-774-3013

Daytime Phone #

CR2E037 (10/00)