

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44921

FILED
Feb 20, 2004
Secretary of State**Entity Name:** TOGETHER WE CARE, INC.**Current Principal Place of Business:**P.O. BOX 32252
PALM BEACH GARDENS, FL 33420**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 32252
PALM BEACH GARDENS, FL 33420**New Mailing Address:****FEI Number:** 65-0284820**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ARMOUR, ALAN I. II
1645 PALM BEACH LAKES BLVD.
SUITE 1200
WEST PALM BEACH, FL 33401**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 () Delete
Name: SOLODAR, JACQUI
Address: 3079 MIRO DR S
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D () Delete
Name: GERSON, LARRY
Address: 8895 N MILLITARY TRAIL 203D
City-St-Zip: PALM BEACH GARDENS, FL

Title: D () Delete
Name: BERNARD, LOOMIS
Address: 13861 LEHARME DR
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D () Delete
Name: BARLEY, SONIA
Address: 153 WINFWARD DR
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BERKE, SONIA
Address: 153 WINFWARD DR
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: T () Change (X) Addition
Name: SOLODAR, SHELDON - TREASUR
Address: 3079 MIRO DRIVE SOUTH
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: SHELDON SOLODAR

TREA

02/20/2004

Electronic Signature of Signing Officer or Director

Date