2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N44921

1. Entity Name
TOGETHER WE CARE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 32252 PALM BEACH GARDENS, FL 33420	P.O. BOX 32252 PALM BEACH GARDENS, FL 33420

04242006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
65-0284820
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ARMOUR, ALAN I. II
1645 PALM BEACH LAKES BLVD.
SUITE 1200
WEST PALM BEACH, FL 33401

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SOLODAR, JACQUI
STREET ADDRESS	3079 MIRO DR S
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	DT
NAME	GERSON, LARRY
STREET ADDRESS	3895 N MILITARY TRAIL 203D
CITY-ST-ZIP	PALM BEACH GARDENS, FL
TITLE	D
NAME	BERNARD, LOOMIS
STREET ADDRESS	13861 LEHARME DR
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	D
NAME	BERKE, SONIA
STREET ADDRESS	153 WINFWARD DR
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000538259
05/09/06-80050-017 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 4/26/06
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #