

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N49605** (1)

1. Corporation Name

**WE CARE OF COVERED BRIDGE, INC.**



Principal Place of Business

**7290 COVERED BRIDGE BLVD.  
LAKE WORTH FL 33467**

Mailing Address

**7290 COVERED BRIDGE BLVD.  
LAKE WORTH FL 33467**

3. Date Incorporated or Qualified  
**06/24/1992**

3a. Date of Last Report  
**01/26/1995**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**29** Country

4. FEI Number  
**65-0351062**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COHEN, THELMA  
7290 COVERED BRIDGE BLVD.  
LAKE WORTH FL 33467**

**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

*Thelma Cohen*

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

(NOTE: Registered Agent signature required when resigning)

**3-8-96**

DATE

12. OFFICERS AND DIRECTORS

TITLE **D COHEN** ☐ DELETE  
NAME **COHEN, HERBERT E**  
STREET ADDRESS **508-B HOLYOKE LANE**  
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **D** ☐ DELETE  
NAME **GLANT, HERMAN**  
STREET ADDRESS **699-A MARLBORO OVAL**  
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **D** ☐ DELETE  
NAME **GROSSBERG, ANNE**  
STREET ADDRESS **167 AMHERST LANE**  
CITY-ST-ZIP **LAKE WORTH FL**

TITLE **D** ☐ DELETE  
NAME **KAY, ANITA**  
STREET ADDRESS **174 CAPE COD CIRCLE**  
CITY-ST-ZIP **LAKE WORTH FL**

TITLE **D** ☐ DELETE  
NAME **PARIS, GRACE**  
STREET ADDRESS **484-A HOLYOKE LN**  
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **D + PRESIDENT** ☐ DELETE  
NAME **LEVINE, ABRAHAM**  
STREET ADDRESS **496-B HOLYOKE LANE**  
CITY-ST-ZIP **LAKE WORTH FL 33467**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☐ Addition  
1.2 NAME **COHEN, THELMA**  
1.3 STREET ADDRESS **508-B HOLYOKE LN**  
1.4 CITY-ST-ZIP **LAKE WORTH, FL. 33467**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Herbert E. Cohen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**HERBERT E. COHEN DIRECTOR**

**3-8-96**

Date

**641-8106**

Daytime Phone #

CR2E037 (12/95)