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**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90145 038 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N49605**

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**

98730 90145 38



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**06/24/1992**

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

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 reinstating)

**1-4-99**

DATE

12. OFFICERS AND DIRECTORS

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

TITLE **P** ☒ DELETE  
NAME **LEVIN, SIDNEY**  
STREET ADDRESS **170 AMHERST LN**  
CITY-ST-ZIP **LAKE WORTH FL**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **IDA ROSENTHAL**  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **IDA ROSENTHAL**  
2.3 STREET ADDRESS **593 LACONIA CIRCLE**  
2.4 CITY-ST-ZIP **LAKE WORTH FL 33467**

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 **JOSEPH KOWALSKY**  
4.3 STREET ADDRESS **211 DOWN EAST LN.**  
4.4 CITY-ST-ZIP **LAKE WORTH FL 33467**

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **HERBERT E COHEN**  
5.3 STREET ADDRESS **508 B HOLYOKE LN**  
5.4 CITY-ST-ZIP **LAKE WORTH FL 33467**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

*Herbert E. Cohen*

**1-4-99**

**641-8106**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)