

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # N49605

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0351062

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME COHEN, THELMA
STREET ADDRESS 508 B HOLYOKE LN.
CITY - ST - ZIP LAKE WORTH FL 33467

TITLE D ☐ Delete
NAME ROSENTHAL, IDA
STREET ADDRESS 593 LACONIA CIRCLE
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 WEINSTECK, HARRIS
STREET ADDRESS 786 NANTUCKET CIR
CITY - ST - ZIP LAKE WORTH FL 33467

TITLE D ☐ Delete
NAME COHEN, HERBERT E
STREET ADDRESS 508 B HOLYOKE LN.
CITY - ST - ZIP LAKE WORTH FL 33467

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME U000000059451
STREET ADDRESS 02/21/04-80001-009 61.25
CITY - ST - ZIP

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

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

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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:

Thelma Cohen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-04

561-641-8106

Date

Daytime Phone #