

# 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 #

1. Corporation Name

**DRD-P-Inf!**  
**'WE CARE' GLOBAL FAMILY, INC.**

N 92000000605 (7)

Principal Place of Business

Mailing Address

4827 Village Qdns DV  
SARASOTA, FL  
34234

P.O. Box 1338  
TALLEHAST, FL  
34270

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

29 Country

24 25 29 30

3. Date Incorporated or Qualified

3a. Date of Last Report

11.30.1992.

05.01.95.

4. FEI Number

65.0378830

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

HARRISON LOUISE  
4827 Village Gardens DV  
SARASOTA, FL. 34234.

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

N/A

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT + CEO ☐ DELETE

NAME HARRISON LOUISE  
STREET ADDRESS 4827 Village Gardens DV  
CITY-ST-ZIP SARASOTA, FL 34234.

TITLE VICE PRESIDENT ☐ DELETE

NAME DROVIN PAUL.  
STREET ADDRESS 5000 55TH ST  
CITY-ST-ZIP ST Pete, FL. 33709.

TITLE SECRETARY ☐ DELETE

NAME GARCIA LINDA.  
STREET ADDRESS 1014 24TH ST  
CITY-ST-ZIP SARASOTA, FL 34234.

TITLE TREASURER ☐ DELETE

NAME WOMEL DORPH. HOWARD.  
STREET ADDRESS 7416 OAK RUN LA  
CITY-ST-ZIP SARASOTA, FL.

TITLE ASST TREASURER ☐ DELETE

NAME GOODFRIEND STEVE.  
STREET ADDRESS 5649 FORESTER LAKE DV  
CITY-ST-ZIP SARASOTA, FL 34243.

TITLE DIRECTOR ☐ DELETE

NAME JORDAN LANNY  
STREET ADDRESS 1543 ORANGE ST  
CITY-ST-ZIP CLEARWATER FL 34616

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE DIRECTOR ☐ Change ☐ Addition

12 NAME WALSH CHARLIE  
13 STREET ADDRESS 11 SLEEPY HOLLOW COVE  
14 CITY-ST-ZIP LONGWOOD, FL. 32750.

21 TITLE DIRECTOR ☐ Change ☐ Addition

22 NAME GARDNER ALISON MIUS  
23 STREET ADDRESS 4920 PRIMROSE PATH  
24 CITY-ST-ZIP SARASOTA, FL. 34242.

31 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louise Harrison

4.26.96

941.351.1827

CR2E037 (12/95)

6-3-96  
JK