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Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N92000000605 (7)**

1. Corporation Name

WE CARE GLOBAL FAMILY, INC.

Principal Place of Business

Mailing Address

DROP-IN
7442 N TAMiami TRAIL SUITE 33
SARASOTA FL 34243
US

P.O. BOX 1338
TALLEVAST FL 34270
US

3. Date Incorporated or Qualified

11/30/1992

4. FEI Number

65-0378830

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing

☒ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRISON, LOUISE
4827 VILLAGE GARDENS DRIVE
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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **Board Member.** ☐ DELETE

NAME **GOODFRIEND, STEVE**

STREET ADDRESS **5649 FORESTER LAKE DR**

CITY-ST-ZIP **SARASOTA FL 34243**

TITLE **TD** ☐ DELETE

NAME **ALLEN, MICHAEL**

STREET ADDRESS **971 UMPQUA CT**

CITY-ST-ZIP **FREMONT CA 94539**

TITLE **SD** ☐ DELETE

NAME **DWOSKIN, MICHELLE**

STREET ADDRESS **13529 CAPITOL DR**

CITY-ST-ZIP **TAMPA FL 33613-3105**

TITLE **D** ☐ DELETE

NAME **GARDNER, ALISON M**

STREET ADDRESS **4920 PRIMROSE PATH**

CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **FCEO** ☐ DELETE

NAME **HARRISON, LOUISE**

STREET ADDRESS **4827 VILLAGE GARDENS DRIVE**

CITY-ST-ZIP **SARASOTA FL 34234**

TITLE **VPD** ☐ DELETE

NAME **JORDAN, LANNY**

STREET ADDRESS **1543 ORANGE ST**

CITY-ST-ZIP **CLEARWATER FL 34616**

1.1 TITLE **PRESIDENT** ☐ Change ☒ Addition

1.2 NAME **WOSKA, JERRY**

1.3 STREET ADDRESS **110 DEL PRADO BLVD.**

1.4 CITY-ST-ZIP **CAPE CORAL FL 33990**

2.1 TITLE **V. P. PROMOTIONS** ☐ Change ☐ Addition

2.2 NAME **HUNNICUTT WAYNE**

2.3 STREET ADDRESS **8309 W. HIAWATHA ST**

2.4 CITY-ST-ZIP **TAMPA FL 33615**

3.1 TITLE **BOARD MEMBER** ☐ Change ☒ Addition

3.2 NAME **ASKEW TOM**

3.3 STREET ADDRESS **1167 KINGSTON ST**

3.4 CITY-ST-ZIP **COSTA MESA 92626**

4.1 TITLE **BOARD MEMBER** ☐ Change ☒ Addition

4.2 NAME **MEISSNER, CHRIS**

4.3 STREET ADDRESS **4525 WINDSOR COURT E**

4.4 CITY-ST-ZIP **BRADENTON FL 34203**

5.1 TITLE **Board member** ☐ Change ☐ Addition

5.2 NAME **WALSH CHARLIE**

5.3 STREET ADDRESS **11 SLEEPY HOLLOW COVE**

5.4 CITY-ST-ZIP **LONGWOOD FL 32750**

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)(f), 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

Date

Daytime Phone

CR2E037 (10/97)