


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

**FILED**  
**Jan 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000001722</b>					
1. Entity Name <b>POINCIANA WE CARE, INC.</b>					
Principal Place of Business <b>MYRA STONE 3326 ARCARA WAY APT 216 LAKE WORTH FL 33467</b>			Mailing Address <b>MYRA STONE 3326 ARCARA WAY APT 216 LAKE WORTH FL 33467</b>		
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 <b>65-0407220</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>STONE, MYRA 3328 ARCARA WAY APT-216 LAKE WORTH FL 33467</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	<b>FL</b>	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW; FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SOLL, ELEANOR</b>		NAME		
STREET ADDRESS	<b>3590 VIA PO INCIANA #304</b>		STREET ADDRESS		<b>U00000016918</b>
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>		CITY-ST-ZIP		<b>01/28/04-80074-005 61.25</b>
TITLE	<b>PD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>STONE, MYRA</b>		NAME		
STREET ADDRESS	<b>3326 6-ARCARA WAY #216</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>		CITY-ST-ZIP		
TITLE	<b>S</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>STONE, KENNETH</b>		NAME		
STREET ADDRESS	<b>3326 AREARA WAY APT. 216</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SILVER, BARBARA</b>		NAME		
STREET ADDRESS	<b>6850 -10TH AVE. N</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SHAPIRO, JULES</b>		NAME		
STREET ADDRESS	<b>3755 VIA POINEIANA</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SHAPIRO, RUTH</b>		NAME		
STREET ADDRESS	<b>3755 VIA POINCIANA #204</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>		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:** *Myra Stone* **MYRA STONE** 1-22-04 561-968-9516