

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)



**DOCUMENT # N93000001722**  
 1. Entity Name  
**POINCIANA WE CARE, INC.**

**FILED**

05 FEB 11 PM 12:28

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



1st MOORE CR2E037 (10/04) *MRS*

Principal Place of Business Mailing Address  
**MYRA STONE** **MYRA STONE**  
**3326 ARCARA WAY APT 216** **3326 ARCARA WAY APT 216**  
**LAKE WORTH FL 33467** **LAKE WORTH FL 33467**

2. Principal Place of Business 3. Mailing Address  
*SAME SAME*

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0407220** Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**STONE, MYRA**  
**3328 ARCARA WAY APT-216**  
**LAKE WORTH FL 33467**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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	D <input type="checkbox"/> Delete
NAME	SOLL, ELEANOR
STREET ADDRESS	3590 VIA PO INCIANA #304
CITY-ST-ZIP	LAKE WORTH FL 33467
TITLE	PD <input type="checkbox"/> Delete
NAME	STONE, MYRA
STREET ADDRESS	3326 6-ARCARA WAY #216
CITY-ST-ZIP	LAKE WORTH FL 33467
TITLE	S <input type="checkbox"/> Delete
NAME	STONE, KENNETH
STREET ADDRESS	3326 AREARA WAY APT. 216 <i>ARCARA</i>
CITY-ST-ZIP	LAKE WORTH FL 33467
TITLE	D <input type="checkbox"/> Delete
NAME	SILVER, BARBARA
STREET ADDRESS	6850 -10TH AVE. N
CITY-ST-ZIP	LAKE WORTH FL 33467
TITLE	D <input type="checkbox"/> Delete
NAME	SHAPIRO, JULES
STREET ADDRESS	3755 VIA POINEIANA <i>POINCIANA</i>
CITY-ST-ZIP	LAKE WORTH FL 33467
TITLE	D <input type="checkbox"/> Delete
NAME	SHAPIRO, RUTH
STREET ADDRESS	3755 VIA POINCIANA #204
CITY-ST-ZIP	LAKE WORTH FL 33467

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>500047025075</b>
CITY-ST-ZIP	<b>02/22/05--01013--010 **10.00</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>500047025075</b>
CITY-ST-ZIP	<b>02/22/05--01013--011 **51.25</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR