2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N94000006306

Entity Name: WEE CARE MINISTRIES OF ST. PETERSBURG, INC.

Current Principal Place of Business:

6100 SUNDOWN DR. NORTH
ST. PETERSBURG, FL 33709

New Principal Place of Business:

Current Mailing Address:

6100 SUNDOWN DR. NORTH
ST. PETERSBURG, FL 33709

New Mailing Address:

FEI Number: 65-0572434 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, RICHARD W
6100 SUNDOWN DR. NORTH
ST. PETERSBURG, FL 33709 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SMITH, RICHARD W
Address: 6100 SUNDOWN DR. NORTH
City-St-Zip: ST. PETERSBURG, FL 33709

Title: D ( ) Delete
Name: MELQUIST, MIKE
Address: 5673 35TH AVE N
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: SD ( ) Delete
Name: SMITH, DOROTHY
Address: 6100 SUNDOWN DR N
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: D ( ) Delete
Name: CURTIS, THERESA
Address: 5615 33RD AVE N
City-St-Zip: SAINT PETERSBURG, FL 33710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD W SMITH D 04/14/2009

Electronic Signature of Signing Officer or Director — Date