

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90267 015 ****61.25

DOCUMENT # N94000006306

1. Entity Name

WEE CARE MINISTRIES OF ST. PETERSBURG, INC.



Principal Place of Business

**6100 SUNDOWN DR. NORTH
ST. PETERSBURG FL 33709**

Mailing Address

**6100 SUNDOWN DR. NORTH
ST. PETERSBURG FL 33709**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0572434**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------------------|--------------------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SMITH, RICHARD W | |
| STREET ADDRESS | 6100 SUNDOWN DR. NORTH | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33709 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | KEYES, WAVER | |
| STREET ADDRESS | 1030 JORDAN PARK SOUTH | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33712 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | MARTIN, PHYLLIS S | |
| STREET ADDRESS | 4206 SAN LUIS STREET | |
| CITY-ST-ZIP | TAMPA FL 33629-7718 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | BARCLEY, ROBERT D | |
| STREET ADDRESS | 6372 PALMA DEL MAR BLVD., #603 | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33715 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|----------------------------------|-----------------------------------------------------------------------------------------|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MELLQUIST MIKE | |
| STREET ADDRESS | 5673 35TH AVE. N. | |
| CITY-ST-ZIP | ST. PETERSBURG, FL. 33710 | |
| TITLE | S/D | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SMITH DOROTHY | |
| STREET ADDRESS | 6100 SUNDOWN DR. N. | |
| CITY-ST-ZIP | ST. PETERSBURG, FL. 33709 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CURTIS THERESA | |
| STREET ADDRESS | 5615 33RD. AVE. N. | |
| CITY-ST-ZIP | ST. PETERSBURG, FL 33710 | |
| 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 | | |

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: *Richard W. Smith* **RICHARD W. SMITH** 4-21-03 727-541-7703

CR2E037 (10/02)