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NONPROFIT
CORPORATION

FLORIDA DEPARTMENT OF STATE
Sandra B. Martham



ANNUAL REPORT . 1996	Seci	retary of State DF CORPORATIONS		
DOCUMENT # N950 1. Corporation Name	000001468 (6	6)		
WE NEED YOU FOUNDATION,	INC.		I (B.S.) B) A) (B) (B) A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	
Principal Place of Business	Marine Addition			
7340 NE 8 CT 7340 NE 8 CT				arra ann ann an an an an aire i seal id bi
BOCA RATON FL 33487	BOGA RATON FL 334	87		
			 Date Incorporated or Qualified 03/28/1995 	3a. Date of Last Report
. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.		65-0570742	Not Applicab
	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		Election Campaign Financing Trust Fund Contribution	□ \$5.00 May Be
Zip Country	Zip	Country	This corporation has liability for interest.	Added to Fees angible tax under s. 199.032.
25 9. Name and Address of Cu	29 Irrent Registered Agent	30	Florida Statutes	Yes 🔲 No
	The state of the s	81 Name	10. Name and Address of New Re	gistered Agent
GODFREY, RONALD P		82 Street Add	dress (P.O. Box Number is Not Acceptable	
7340 NE 8 CT		3treet Add	dress (F.O. box Number is Not Acceptable	
BOCA RATON FL 33487		83		
		100		
		84 City		R5 7in Code
Pursuant to the provisions of Sections 617.0	0502 and 617 1508. Florida Statu	1.1		FL 85 Zip Code
Pursuant to the provisions of Sections 617.0 or registered agent, or both, in the State of familiar with, and accept the obligation of S.	0502 and 617.1508, Florida Statu Florida. Such change was authori	1.1	oration submits this statement for the purpor ard of directors. I hereby accept the appoir	
Pursuant to the provisions of Sections 617.0 or registered agent, or both, in the State of Familiar with, and accept the obligation of S	0502 and 617.1508, Florida Statu Florida. Such change was authori Section 617.0503, Florida Statute	1.1	pration submits this statement for the purporard of directors. I hereby accept the appoin	rse of changing its registered offitment as registered agent. I am
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on an attachment with an address. OGNATORE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #