

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002537

FILED  
Aug 08, 2007  
Secretary of State

**Entity Name:** UNDER WATCHFUL CARE MINISTRIES, INC.

**Current Principal Place of Business:**

564 EAST 64TH STREET  
JACKSONVILLE, FL 32206 US

**New Principal Place of Business:**

**Current Mailing Address:**

3009 DIGNAN ST.  
JACKSONVILLE, FL 322543942

**New Mailing Address:**

833 ALLISON ST  
JACKSONVILLE, FL 322543942

**FEI Number:** 59-3489914 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BROWN, CYNTHIA  
1105 CANAL STREET  
JACKSONVILLE, FL 32209 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: P ( ) Delete  
Name: HILL, WALTER L ELDER  
Address: 3009 DIGNAN STREET  
City-St-Zip: JACKSONVILLE, FL 322543942

Title: VD ( ) Delete  
Name: HILL, MARY  
Address: 3009 DIGNAN STREET  
City-St-Zip: JACKSONVILLE, FL 322543942

Title: SD ( ) Delete  
Name: BROWN, CYNTHIA  
Address: 1105 CANAL STREET  
City-St-Zip: JACKSONVILLE, FL 32209

Title: TD ( ) Delete  
Name: HILL, ERICKA  
Address: 3009 DIGNAN STREET  
City-St-Zip: JACKSONVILLE, FL 32254

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: HILL, WALTER L ELDER  
Address: 833 ALLISON ST  
City-St-Zip: JACKSONVILLE, FL 322543942

Title: VD (X) Change ( ) Addition  
Name: HILL, MARY  
Address: 833 ALLISON ST  
City-St-Zip: JACKSONVILLE, FL 322543942

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

Title: TD (X) Change ( ) Addition  
Name: HILL, RAEVONDOLYN  
Address: 1105 W12TH ST  
City-St-Zip: JACKSONVILLE, FL 32206

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: WALTER HILL

ELDE

08/08/2007

Electronic Signature of Signing Officer or Director

Date