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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002674 (8)**

1. Corporation Name

WEE HELP CHILDREN'S RESOURCE CENTER, INC.

Principal Place of Business

Mailing Address

**3820 WIMBLEDON DR.
LAKE MARY FL 32746**

**3820 WIMBLEDON DR.
LAKE MARY FL 32746**

3. Date Incorporated or Qualified

05/30/1995

4. FEI Number

59-3324631

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 541 E. Horatio Ave., Ste. D

26 P.O. Box 953124

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Maitland, Florida

27 Lake Mary, Florida

City & State

City & State

23

28

Zip

Country

Zip

Country

24 32751

25 USA

29 32795-3124

30 USA

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HUDSON, KENNETH K JR.
3820 WIMBLEDON DR.
LAKE MARY FL 32746**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	HUDSON, KENNETH K JR.	
STREET ADDRESS	3820 WIMBLEDON DR.	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	S. D	<input type="checkbox"/> DELETE
NAME	HUDSON, PHYLLIS G	
STREET ADDRESS	3820 WIMBLEDON DR.	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TIZZIO, ANTHONY L	
STREET ADDRESS	809 OSCEOLA TRAIL	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	PEDRAJA, TONY	
STREET ADDRESS	5 BASS LAKE DR.	
CITY-ST-ZIP	DEBARY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GEISLER, ANN	
STREET ADDRESS	201 S RANGE AVE STE 900	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PROFACI, VINCENT	
STREET ADDRESS	419 BURNT TREE LANE	
CITY-ST-ZIP	APOPKA FL	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Pugh, Verdell	
1.3 STREET ADDRESS	225 Yale Drive	
1.4 CITY-ST-ZIP	Sanford, Florida 32771	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Merrill, Sherman Sr.	
2.3 STREET ADDRESS	17636 Washington Street	
2.4 CITY-ST-ZIP	Winter Garden, Florida 34787	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kenneth K. Hudson Jr.* **Kenneth K. Hudson Jr. 4/26/98 407-333-2194**

CR2E037 (10/97)