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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N9600002183 (9)

FILED Apr 30 1997 8:00am Secretary of State

1. Corporation	n Name	•					
WECA	N FOUNDATION, INC.					A TRANSPILATE AND TAKIN AND ASSIN ASSI	L UKK VLEK
Principal Place	e of Business	Mailing Address					
2703 SOTH STREET WEST 2703 SOTH STREET WEST							
BRADENTON F		BRADENTON FL 34209					
	•					3. Date Incorporated or Qualified 3a. Date of Last Repo	rt
						04/22/1996	
2. Principal Flace of Business 2a. Mailing Address					4. FEI Number Applie Not Ap		
1 26 Suite, Apt. #, etc Suite, Apt. #, etc.					£0 7E	plicable	
27					5. Certificate of Status Desired Fee Require		
City & State City & State					<u> </u>	,6. Election Campaign Financing \$5.00 Ma	y Be
23 28			Country			Trust Fund Contribution Added to F	
Zip ∡∏	Country	Zip	30	ıntry	<i>'</i>	B. This corporation has liability for intangible tax under s. 199 Florida Statutes Yes No	9.032,
4]	9. Name and Address of Curren	29 nt Registered Agent	[30]	Τ_		10. Name and Address of New Registered Agent	
AMERILAWYER CHARTERED				81			
				82 Street Ad		ddress (P.O. Box Number is Not Acceptable)	
343 ALMERIA AVENUE							
CORAL GABLES FL 33134				63			
				84 City		FL 85 Zip Code	
SIGNATURE .	Signature, typed or printed name of registered age	ent and little if applicable (NOTE: Registere	d Age	ent signature r	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	N 12
TITLE	PD I		1.1 1	ITLE		Board member Change	Addition
NAME	GAVAN JEFFREY L		1.2 N	1.2 NAME GI		Glenn Harris Board Of Diretors	•
STREET ADDRESS	2703 50TH STREET WEST	(Director)				4330 Pinebrook Circle Unit C	
CITY-ST-ZIP	BRADENTON FL 34205 SD	O DELETE				Brandenton, Fl. 34209 Board mamber D Change D	Addition
TITLE NAME		/ - \	2.1 To 2.2 N				
STREET ADDRESS	ATOM SATURATION WEST STORY					walter Scott Reed program Administrat Soz Oak Dr. (Director)	•
CITY-ST-ZIP	BRADENTON FL 34205		. .			Bradenton, Fl. 34210	
TITLE	†D	X DELETE	3.1 T	ITLE	1		Addition
NAME	GAVAN, NICOLE L	•	3.2 N				
STREET ADDRESS	2703 50TH STREET WEST BRADENTON FL 34205				T ADDRESS		
CITY-ST-ZIP TITLE	DIVADENTUN PL 34203	DELETE	3.4. (4.1 Ti		ST-ZIP	Change C	Addition
NAME		the state of the s		NAME	,)	Land Olivingo Land	
STREET ADDRESS					T ADDRESS		
CITY-ST-7IP			440	aTY-9	ST-ZIP		
TITLE						······································	
NAME.		DELETE	5.1 T			[_] Change	Addition
STREET ADDRESS		DELETE	5.1 Ti 5.2 N	AME	1	[_] Change [_	Addition
DITH OF THE		☐ DELETE	5.1 Ti 5.2 N 5.3 S	IAME TREET	T ADDRESS	[_] Change	Addition
			5.1 Ti 5.2 N 5.3 S 5.4 C	IAME TREET	1		_ Addition
TITLE		☐ DELETE	5.1 Ti 5.2 N 5.3 S	IAME TREET CITY - S ITLE	T ADDRESS ST-2IP		
TITLE NAME			5.1 Ti 5.2 N 5.3 S 5.4 C 6.1 Ti 6.2 N	IAME TREET CITY - S ITLE IAME	T ADDRESS ST-2IP		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	5.1 T 5.2 N 5.3 S 5.4 C 6.1 T 6.2 N 6.3 S 6.4 C	TREET OTY-S ITLE IAME STREET	T ADDRESS ST-ZIP T ADDRESS ST-ZIP		Addition

I. I do 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 attachmegt with an address.

SIGNATURE

SIGNATOR AND TYPE OR PRINTED NAME OF BIOMING OFFICER OR DIRECTOR

0/5/97 941-178-3 Date Dayline Prone #