

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006
Secretary of State

DOCUMENT# N96000005134

Entity Name: "WE CARE FOR YOU MINISTRIES, INC."

Current Principal Place of Business:

9802 PINE WAY
TAMPA, FL 33635 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 262372
TAMPA, FL 33685

New Mailing Address:

FEI Number: 59-3408750 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEYER, HAROLD H
9802 PINE WAY
TAMPA, FL 33635 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: PD () Delete
Name: BEYER, HAROLD H
Address: 9802 PINE WAY
City-St-Zip: TAMPA, FL 33635 US

Title: VPD () Delete
Name: PUENTES, FRED
Address: 335472 RANCHETTE BLVD.
City-St-Zip: WEBSTER, FL 33597

Title: STD () Delete
Name: BEYER, KAYE
Address: 9802 PINE WAY
City-St-Zip: TAMPA, FL 33635 US

Title: D () Delete
Name: BEYER, JILLENE
Address: 9839 OAKS ST
City-St-Zip: TAMPA, FL 33635

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JILLENE BEYER

D

01/09/2006

Electronic Signature of Signing Officer or Director

Date