

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005134

FILED
Jan 21, 2009
Secretary of State

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, JILLENE K STD
9834 OAKS ST
TAMPA, FL 33635 US

Name and Address of New Registered Agent:

MCKINNEY, JILLENE K STD
9834 OAKS ST
TAMPA, FL 33635 US

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: JILLENE MCKINNEY

01/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BEYER, KAYE R
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, JILLENE K
Address: 9834 OAKS ST
City-St-Zip: TAMPA, FL 33635 US

Title: D () Delete
Name: WILSON, CONNIE
Address: 616 MASSACHUSETTS AVE NE
City-St-Zip: WASHINGTON, DC 20002

Title: D () Delete
Name: ETHERIDGE, DR. JAMES
Address: 17718 ESPRIT DR
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: MITCHAM, LUPE
Address: 1012 ROYAL PASS RD
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change () Addition
Name: MCKINNEY, JILLENE K
Address: 9834 OAKS ST
City-St-Zip: TAMPA, FL 33635 US

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 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 MCKINNEY

STD

01/21/2009

Electronic Signature of Signing Officer or Director

Date