

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005134

FILED  
Mar 19, 2012  
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 (X)

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

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

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

MCKINNEY, JILLENE K TD  
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

03/19/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BEYER, KAYE R  
Address: 9802 PINE WAY  
City-St-Zip: TAMPA, FL 33635 US

Title: TD  
Name: MCKINNEY, JILLENE K  
Address: 9834 OAKS ST  
City-St-Zip: TAMPA, FL 33635 US

Title: SD  
Name: MCKINNEY, JEREMY  
Address: 9834 OAKS STR  
City-St-Zip: TAMPA, FL 33635 US

Title: D  
Name: MILLS, JOSHUA  
Address: P O BOX 4037  
City-St-Zip: PALM SPRINGS, CA 92263 US

Title: D  
Name: SCHILLING, DEBRA S  
Address: 5303 ORCHARD DR  
City-St-Zip: EAST CHINA, MI 48054 US

I hereby 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 all other like empowered.

SIGNATURE: JILLENE MCKINNEY

TD

03/19/2012

Electronic Signature of Signing Officer or Director

Date