

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003358

FILED
Apr 27, 2009
Secretary of State

Entity Name: WE CARE HELP RESOURCE CENTER, INC.

Current Principal Place of Business:

11900 NW 31ST PLACE
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

11900 NW 31ST PLACE
SUNRISE, FL 33323

New Mailing Address:

FEI Number: 59-3452352

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MALIKSHABAZZ, FARUQ H
4093 SW 51 ST
SOUTH
FT. LAUDERDALE, FL 33314 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: BUTLER, DANIEL PASTOR
Address: 11900 NW 31ST PLACE
City-St-Zip: SUNRISE, FL 33323

Title: VPD () Delete
Name: BUTLER, FRANCO G EVANGLI
Address: 11900 NW 31ST PLACE
City-St-Zip: SUNRISE, FL 33323

Title: T () Delete
Name: RAHMING, CURTINA
Address: 5200 NW 31ST AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: ESEC () Delete
Name: MALIKSHABAZZ, MARY L EVANGLI
Address: 4093 SW 51 ST
City-St-Zip: DAINA, FL 33314

Title: ADMI () Delete
Name: MALIKSHABAZZ, FARUQ H MIN
Address: 4093 SW 51 ST
City-St-Zip: DAINA, FL 33314

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:

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: GERALDINE FRANCO BUTLER

VPD

04/27/2009

Electronic Signature of Signing Officer or Director

Date