

# **2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N97000003358

**FILED**  
**Mar 26, 2012**  
**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 ( )**

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

FRANCO BUTLER, GERALDIINE H  
11900 NW 31ST PLACE  
SUNRISE, FL 33323 US

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

BUTLER, GERALDIINE  
11900 NW 31ST PLACE  
SUNRISE, FL 33323 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: GERALDIINE BUTLER

03/26/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BUTLER, DANIE  
Address: 11900 NW 31ST PLACE  
City-St-Zip: SUNRISE, FL 33323

Title: VPD  
Name: BUTLER, GERALDINE  
Address: 11900 NW 31ST PLACE  
City-St-Zip: SUNRISE, FL 33323

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

Title: S  
Name: STROZIER, PAULETTE  
Address: 11900 NW 31ST PLACE  
City-St-Zip: SUNRISE, FL 33323

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: DANIEL BUTLER

PRES

03/26/2012

Electronic Signature of Signing Officer or Director

Date