

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90217 031 \*\*\*\*61.25

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| <b>DOCUMENT # N97000006081</b><br>1. Entity Name<br><b>APOSTOLIC WEE CARE, INC.</b>   |  |  |   |  |  |
| Principal Place of Business<br><b>805 PARK AVE., BLDG B #8<br/>LAKE PARK, FL 33403-2440</b>   |  |  | Mailing Address<br><b>1417 WEST 37TH STREET<br/>RIVIERA BEACH, FL 33404</b> |  |  |
| 2. Principal Place of Business<br><b>900 US Highway 1<br/>Suite, Apt. #, etc.<br/># 205</b>   |  | 3. Mailing Address<br><b>900 US Highway 1<br/>Suite, Apt. #, etc.<br/># 205</b>  |   | <b>14006470</b><br><br>  |  |
| City & State<br><b>Lake Park, Florida</b>   |  | City & State<br><b>Lake Park, Florida</b>  |   | 4. FEI Number<br><b>65-0792934</b>   |  |
| Zip<br><b>33403</b>   |  | Country<br><b>Palm Beach</b>   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>EDWARDS, CAROLYN<br/>1417 WEST 37TH STREET<br/>RIVIERA BEACH, FL 33404</b>  |  |  |   | 7. Name and Address of New Registered Agent<br>Name <b>Carolyn Edwards</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>900 US Highway 1<br/>Suite # 205</b><br>City <b>Lake Park</b> <b>FL</b> Zip Code <b>33403</b> |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.<br><br>SIGNATURE <span style="float: right;">4/26/05</span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <span style="float: right;">DATE</span>  |  |  |   |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | <b>Make check payable to<br/>Florida Department of State</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>EDWARDS, CAROLYN A<br>1417 WEST 37TH ST<br>RIVIERA BEACH, FL 33404           | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | PD<br>Carolyn A Edwards<br>900 US Highway 1 Suite 205<br>Lake Park, FL 33403   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br>EDWARDS, KEON T<br>1417 WEST 37TH ST<br>RIVIERA BEACH, FL 33404              | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>TOOMBS, JUDY<br>1320 9TH ST<br>WEST PALM BEACH, FL 33404                     | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>EDWARDS, LOUISE A<br>2220 AUSTRALIAN AVE., #322<br>WEST PALM BEACH, FL 33401 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>PATTERSON, BARBARA<br>11868 OLEANDER DR<br>ROYALE PALM, FL 33411              | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | AS<br>WEST, CRYSTAL<br>831 LAUREL DR<br>LAKE PARK, FL 33403                        | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |  |   |  |  |
| <b>SIGNATURE:</b>   |  |  | 4/26/05   |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |  | <small>Date Daytime Phone #</small>   |  |  |