2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2006
Secretary of State

DOCUMENT# N97000006081

Entity Name: APOSTOLIC WEE CARE, INC.

Current Principal Place of Business:

900 US HWY 1, #205
LAKE PARK, FL 33403

New Principal Place of Business:

Current Mailing Address:

900 US HWY 1, #205
LAKE PARK, FL 33403

New Mailing Address:

FEI Number: 65-0792934 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

EDWARDS, CAROLYN
900 US HWY 1, #205
LAKE PARK, FL 33403 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:	EDWARDS, CAROLYN A	
Address:	900 US HWY 1, #205	
City-St-Zip:	LAKE PARK, FL 33403	
Title:	VD	( ) Delete
Name:	EDWARDS, KEON T	
Address:	1417 WEST 37TH ST	
City-St-Zip:	RIVIERA BEACH, FL 33404	
Title:	SD	( ) Delete
Name:	TOOMBS, JUDY	
Address:	1320 9TH ST	
City-St-Zip:	WEST PALM BEACH, FL 33404	
Title:	TD	( ) Delete
Name:	EDWARDS, LOUISE A	
Address:	2220 AUSTRALIAN AVE., #322	
City-St-Zip:	WEST PALM BEACH, FL 33401	
Title:	D	( ) Delete
Name:	PATTERSON, BARBARA	
Address:	11868 OLEANDER DR	
City-St-Zip:	ROYALE PALM, FL 33411	
Title:	AS	( ) Delete
Name:	WEST, CRYSTAL	
Address:	831 LAUREL DR	
City-St-Zip:	LAKE PARK, FL 33403	

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CAROLYN EDWARDS PRES 05/17/2006

Electronic Signature of Signing Officer or Director — Date