

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006081

FILED
Jul 02, 2008
Secretary of State

Entity Name: APOSTOLIC WEE CARE, INC.

Current Principal Place of Business:

3184 HAMBLIN WAY
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

3184 HAMBLIN WAY
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 65-0792934 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

Name and Address of New Registered Agent:

EDWARDS, CAROLYN R
3184 HAMBLIN WAY
WELLINGTON, FL 33414 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EDWARDS, CAROLYN R
Address: 3184 HAMBLIN WAY
City-St-Zip: WELLINGTON, FL 33414

Title: VD () Delete
Name: EDWARDS, KEON T
Address: 814 19TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: SD () Delete
Name: TOOMBS, JUDY
Address: 1320 9TH ST
City-St-Zip: WEST PALM BEACH, FL 33404

Title: TD () Delete
Name: EDWARDS, KIRKSTON DELANDE
Address: 208 WEST BROOMFIELD # 207
City-St-Zip: MOUNT PLEASANT, MI 48858

Title: D () Delete
Name: PATTERSON, BARBARA
Address: 11868 OLEANDER DR
City-St-Zip: ROYALE PALM, FL 33411

Title: AS () Delete
Name: EDWARDS, LOUISE ALMA
Address: 2220 AUSTRALIAN AVE # 322
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: EDWARDS, KIRKSTON D
Address: 4300 COLLEGIATE WAY
City-St-Zip: MOUNT PLEASANT, MI 48858

Title: SD (X) Change () Addition
Name: KEVIE, EDWARDS J
Address: 3184 HAMBLIN WAY
City-St-Zip: WELLINGTON, FL 33414

Title: TD (X) Change () Addition
Name: EDWARDS, KIRKSTON DELANDE
Address: 4300 COLLEGIATE WAY
City-St-Zip: MOUNT PLEASANT, MI 48858

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: CAROLYN R. EDWARDS

PRES

07/02/2008

Electronic Signature of Signing Officer or Director

Date