

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90956 006 \*\*\*\*70.00

**DOCUMENT # N97000006081**

1. Entity Name  
**APOSTOLIC WEE CARE, INC.**



Principal Place of Business

**320 US HIGHWAY 1  
SUITE A  
LAKE PARK FL 33403**

Mailing Address

**1417 WEST 37TH STREET  
RIVIERA BEACH FL 33404**

2. Principal Place of Business

**805 PARK AVENUE**

Suite, Apt. #, etc.

**Building B #8**

City & State  
**LAKE PARK, Florida**

Zip  
**33403-2440**

Country  
**U.S.A.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0792934**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**EDWARDS, CAROLYN  
1417 WEST 37TH STREET  
RIVIERA BEACH FL 33404**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	EDWARDS, CAROLYN A	
STREET ADDRESS	1417 WEST 37TH ST	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	VD	<input type="checkbox"/> Delete
NAME	EDWARDS, KEON T	
STREET ADDRESS	1417 WEST 37TH ST	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TOOMBS, JUDY	
STREET ADDRESS	1320 9TH ST	
CITY-ST-ZIP	WEST PALM BEACH FL 33404	
TITLE	TD	<input type="checkbox"/> Delete
NAME	EDWARDS, LOUISE A	
STREET ADDRESS	2220 AUSTRALIAN AVE., #322	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATTERSON, BARBARA	
STREET ADDRESS	11868 OLEANDER DR	
CITY-ST-ZIP	ROYALE PALM FL 33411	
TITLE	AS	<input type="checkbox"/> Delete
NAME	WEST, CRYSTAL	
STREET ADDRESS	831 LAUREL DR	
CITY-ST-ZIP	LAKE PARK FL 33403	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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.

SIGNATURE:

**SIGNATURE REQUIRED**

*2/20/2003*

CR2E037 (10/02)