06101999-90025-016-$70.00-$70.00

FILED
Jun 10, 1999 8:00 am
Secretary of State
06-10-1999 90025 016 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000007068

1. Corporation Name
WE CHANGE FOUNDATION INC.

Principal Place of Business	Mailing Address
640 EAST OCEAN AVE #5 BOYNTON BEACH FL 33435 US Changed	211 So. Federal Hwy #12 Boynton B.Each, Fl — 568 E. WOOLBRIGHT ROAD #447 BOYNTON BEACH FL 33435 SAME

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.: 211 So. Federal Hwy #12	26 Suite, Apt. #, etc.: 568 E. Woolbright Rd #447
22 City & State: Boynton Beach, Fl	27 City & State: Boynton Beach, Fl
23 Zip: 33435 Country: Palm Beach	28 Zip: 33435 Country: Palm Beach
24 25	29 30

3. Date Incorporated or Qualifed: 12/19/1997

4. FEI Number: 65-0781611 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HILLERY, ROSEMARY C 568 E. WOOLBRIGHT ROAD #447 BOYNTON BEACH FL 33435	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAMPITELLI, ROBERT R (T) 3803 WOODSWALK BLVD LK WORTH FL 33467	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	GREENE, Addie (D) 330 Clematis St. St#104B West Palm Beach, Fl 33401	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LONGINOS, JUAN (T) 568 E WOOLBRIGHT RD ST 447 BOYNTON BEACH FL 33435	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Heyer, Edie (D) 3300 S. Ocean Blvd #N06 Delray Beach Fl. 33483	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HILLERY, ROSEMARY C (T) 568 E WOOLBRIGHT RD ST 447 BOYNTON BEACH FL 33435	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	GARField HAMilton (D) 200 N.E. 27th AVE. Boynton Beach, Fl 33435	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ORDWAY, SUSAN 211 S FEDERAL HWY #13 BOYNTON BEACH FL 33435	☑ DELETE Delete	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rosemary C Hillery REQUIRED Rosemary C Hillery, President — 6-3-99 — (561) 736-9407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #