

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

#61.25

DOCUMENT # N99000006293

1. Entity Name

WE DO CARE ABOUT RWANDANS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JAN 29 AM 8:00

Principal Place of Business

10711 HAWKS VISTA ST
PLANTATION FL 33324

Mailing Address

10711 HAWKS VISTA ST
PLANTATION FL 33324

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

MRS

4. FEI Number

65-0986913

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOOK, RONALD L
2999 NE 191 STREET PH6
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name

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

City

800028165798

02/04/04 01003-001 **572 50

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
Due By May 1, 2004

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
NAME BOOK, LAUREN
STREET ADDRESS 2999 NE 191ST PH6
CITY-ST-ZIP AVENTURA FL 33180 ☐ Delete

TITLE VPD
NAME BOOK, RON
STREET ADDRESS 2999 NE 191ST PH6
CITY-ST-ZIP AVENTURA FL 33180 ☐ Delete

TITLE TD
NAME BOOK, PAT
STREET ADDRESS 2999 NE 191ST
CITY-ST-ZIP AVENTURA FL 33180 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE Vice President
NAME Samantha Book
STREET ADDRESS 10711 HAWKS VISTA ST
CITY-ST-ZIP Plantation, Florida 33321 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald Book

Date

Daytime Phone #

1/24/04

305-9358866