

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001060

Entity Name: WEE CARE CHRISTIAN ACADAMY CORP.

Current Principal Place of Business:

10540 HAMILTON WAY
MYAKKA CITY, FL 34251

Current Mailing Address:

P.O. BOX 145
MYAKKA CITY, FL 34251

FEI Number: 26-1792274

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MYAKKA CITY UNITED MEDHODIST CHURCH
10525 LEBANON STREET
MYAKKA CITY, FL 34251 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

Officer/Director Detail :

Title P
Name WELLS, DONALD
Address 25441 69TH AVE. E.
City-State-Zip: MYAKKA CITY FL 34251

Title T
Name CARTER, ROBERT L
Address 37425 BOYD ROAD
City-State-Zip: MYAKKA CITY FL 34251

Title DIR
Name MIZELL, AMY
Address 10243 MIZELL ROAD
City-State-Zip: MYAKKA CITY FL 34251

Title DIR
Name JONES, SHANNON
Address 11151 M J ROAD
City-State-Zip: MYAKKA CITY FL 34251

Title DIRECTOR
Name SNYDER, JULIE
Address 10540 HAMILTON WAY
City-State-Zip: MYAKKA CITY FL 34251

I hereby 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 all other like empowered.

SIGNATURE: ROBERT CARTER

TREASURER

01/27/2015

Electronic Signature of Signing Officer/Director Detail

Date