2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2018
Secretary of State
CC0596834453

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Entity Name: WEE CARE CHRISTIAN ACADEMY 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: No

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	T
Name	CARTER, ROBERT L
Address	PO BOX 178
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	DUPUY, LAURIE
Address	10540 HAMILTON WAY PO BOX 145
City-State-Zip:	MYAKKA CITY FL 34251

Title	MANAGING DIRESTOR
Name	BEASLEY, MARILYN
Address	10540 HAMILTON WAY
City-State-Zip:	MYAKKA CITY FL 34251

Title	DIR
Name	CURLEY, MATHEW
Address	PO BOX 145
City-State-Zip:	MYAKKA CITY FL 34251

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

Title	DIRECTOR
Name	SNYDER, JAMMIE
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 DIRECTOR 01/16/2018

Electronic Signature of Signing Officer/Director Detail — Date