2023 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000001060

Entity Name: WEE CARE CHRISTIAN ACADEMY CORP.

FILED May 30, 2023 Secretary of State 0837754604CR

Current Principal Place of Business:

10540 HAMILTON WAY MYAKKA CITY. FL 34251

Current Mailing Address:

P.O. BOX 147

MYAKKA CITY. FL 34251 US

FEI Number: 26-1792274 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CARTER, ROBERT 10540 HAMILTON WAY 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: ROBERT CARTER 05/30/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title T Title DIR

Name CARTER, ROBERT L Name CURLEY, MATHEW

Address PO BOX 178 Address PO BOX 147

City-State-Zip: MYAKKA CITY FL 34251 City-State-Zip: MYAKKA CITY FL 34251

Title DIR Title CHAIRMAN

Name JONES, SHANNON Name SNYDER, JULIE

Address 11151 M J ROAD Address 10540 HAMILTON WAY

City-State-Zip: MYAKKA CITY FL 34251 City-State-Zip: MYAKKA CITY FL 34251

TitleDIRECTORTitleMANAGING DIRESTORNameDUPUY, LAURIENameBEASLEY, MARILYN

Address 10540 HAMILTON WAY Address 10540 HAMILTON WAY

10540 HAMILTON WAY Address 10540 HAMILTON WAY
PO BOX 145

City-State-Zip: MYAKKA CITY FL 34251

Title DIRECTOR

Name DOOLEY, KELLY

Name COLGROVE, YVONNE

Address 10540 HAMILTON WAY

Address 10540 HAMILTON WAY

City-State-Zip: MYAKKA CITY FL 34251

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 TREARSURER 05/30/2023

Electronic Signature of Signing Officer/Director Detail

Date