

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010328

Entity Name: WE CARE FOR THE POOR INTERNATIONAL INC.**Current Principal Place of Business:**2015 ERVING CIRCLE
103
OCOE, FL 34761**Current Mailing Address:**2015 ERVING CIRCLE
103
OCOE, FL 34761 US**FEI Number: 26-3734468****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ELIASSAINT, BERTEAU SR.
1750 NE 138 ST
NORTH MIAMI, FL 33181 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	PRESIDENT
Name	LEWIS, PAULA
Address	1205 PARK AVE N.
City-State-Zip:	TIFTON GA 31794

Title	SECRETARY
Name	RODRIGUEZ, ESTHER
Address	4830 NW 43RD ST. APT. 292
City-State-Zip:	GAINESVILLE FL 32606

Title	DIRECTOR
Name	ELIASSAINT, BERTEAU SR.
Address	1750 NE 138 ST
City-State-Zip:	NORTH MIAMI FL 33181

Title	TREASURER
Name	VASQUEZ, ELIZABETH
Address	2015 ERVING CIRCLE # 103
City-State-Zip:	OCOE FL 34761

Title	VP
Name	MONTOBAN, JACINTH
Address	17150 NE 18TH AVE.
City-State-Zip:	NORTH MIAMI BEACH FL 33162

Title	TRUSTEE
Name	WHITLEY, VICKY
Address	231 BLACK LAKE RD
City-State-Zip:	OSTEEN FL 32764

Title	TRUSTEE
Name	JACKSON, SUE
Address	204 ST. ANTHONY'S DR.
City-State-Zip:	MACON FL 31220

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: ELIZABETH VASQUEZ**TREASURER****05/05/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date