

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000007961

**FILED**  
**Jan 30, 2017**  
**Secretary of State**  
**CC8452850785**

**Entity Name:** CAROLYN ALLARD MEMORIAL FUND CORP

**Current Principal Place of Business:**

200 REGENCY FOREST DRIVE  
SUITE 400  
CARY, NC 27518

**Current Mailing Address:**

200 REGENCY FOREST DRIVE  
SUITE 400  
CARY, NC 27518 US

**FEI Number:** 46-0802068

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WOODEN, MONICA B  
9919 TREE TOPS LAKE DRIVE  
TAMPA, FL 33626 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	Title	VP
Name	WOODEN, MONICA B	Name	BLOUGH, STEVE A
Address	9919 TREE TOPS LAKE DRIVE	Address	301 FERN VALLEY LANE
City-State-Zip:	TAMPA FL 33626	City-State-Zip:	APEX NC 27523

*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:** MONICA WOODEN

**CEO**

**01/30/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date