

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # F00000000054

1. Entity Name

CARE FOUNDATION OF AMERICA, INC.



Principal Place of Business

1511 AVON ST.
MURFREESBORO, TN 37129

Mailing Address

P.O. BOX 1398
MURFREESBORO, TN 37133



04182006 No Chg-NP

CR2E037 (11/05)

4. FEI Number

62-1802653

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RAINER, FRANK
314 NORTH CALHOUN STREET
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000531367
05/06/06-80037-020 61.25

10. OFFICERS AND DIRECTORS

TITLE P
NAME MORTON, JOHN B
STREET ADDRESS 1511 AVON STREET
CITY-ST-ZIP MURFREESBORO, TN 37129

TITLE S
NAME TAMBORNINI, MAZELL
STREET ADDRESS 1501 MONTECELLO COURT
CITY-ST-ZIP MURFREESBORO, TN 37129

TITLE D
NAME RICHARDSON, ALLEN
STREET ADDRESS 1102 VIRGINIA AVE.
CITY-ST-ZIP MURFREESBORO, TN 37130

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John B. Morton John B. Morton, President 4/18/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #