


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90277 001 ****61.25

DOCUMENT # F00000000054	
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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

2. Principal Place of Business - No P.O. Box #

282 Kevin Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Murfreesboro, TN

City & State

1

Zip

37129

Country

Zip

Country

04122007

Chg-NP

CR2E037 (12/06)

4. FEI Number

62-1802653

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAINER, FRANK
314 NORTH CALHOUN STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MORTON, JOHN B	
STREET ADDRESS	1511 AVON STREET	
CITY-ST-ZIP	MURFREESBORO, TN 37129	

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TAMBORNINI, MAZELL	
STREET ADDRESS	1501 MONTECELLO COURT	
CITY-ST-ZIP	MURFREESBORO, TN 37129	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RICHARDSON, ALLEN	
STREET ADDRESS	1102 VIRGINIA AVE.	
CITY-ST-ZIP	MURFREESBORO, TN 37130	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President / Director / Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	W. Andrew Adams, Jr.	
STREET ADDRESS	282 Kevin Drive	
CITY-ST-ZIP	Murfreesboro, TN 37129	

TITLE	Secretary / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Melissa Oden	
STREET ADDRESS	1615 Pennington Dr.	
CITY-ST-ZIP	Murfreesboro, TN 37130	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-07

Date

Daytime Phone #