

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000054

FILED
Apr 22, 2008
Secretary of State

Entity Name: CARE FOUNDATION OF AMERICA, INC.

Current Principal Place of Business:

282 KEVIN DRIVE
MURFREESBORO, TN 37129

New Principal Place of Business:

611 COMMERCE STREET
NASHVILLE, TN 37203

Current Mailing Address:

P.O. BOX 1398
MURFREESBORO, TN 37133

New Mailing Address:

FEI Number: 62-1802653

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAINER, FRANK
314 NORTH CALHOUN STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PDT () Delete
Name: ADAMS, JR., W. ANDREW
Address: 282 KEVIN DRIVE
City-St-Zip: MURFREESBORO, TN 37129

Title: SD () Delete
Name: ODEN, MELISSA
Address: 1615 PENNINGTON DR
City-St-Zip: MURFREESBORO, TN 37130

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: ADAMS, JR., W. ANDREW
Address: 282 KEVIN DRIVE
City-St-Zip: MURFREESBORO, TN 37129

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD () Change (X) Addition
Name: EARLE, JAMES
Address: 611 COMMERCE STREET
City-St-Zip: NASHVILLE, TN 37203

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES EARLE

P

04/22/2008

Electronic Signature of Signing Officer or Director

Date