# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F0000000054

Entity Name: CARE FOUNDATION OF AMERICA, INC.

FILED Mar 20, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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611 COMMERCE STREET SUITE 3125 NASHVILLE, TN 37203

Current Mailing Address: New Mailing Address:

611 COMMERCE STREET SUITE 3125 NASHVILLE, TN 37203

FEI Number: 62-1802653 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR., SUITE 4 WESTON, FL 33331 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:

Flacksonia Cinnakura of Danisharad Anauk

### Electronic Signature of Registered Agent

### Date

#### **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT ( ) Delete Title: PRES (X) Change ( ) Addition Name: ADAMS, JR., W. ANDREW Name: EARLE, III, JAMES P

Address: 282 KEVIN DRIVE Address: 611 COMMERCE STREET, SUITE 3125

City-St-Zip: MURFREESBORO, TN 37129 City-St-Zip: NASHVILLE, TN 37203

Title: SD ( ) Delete Title: SEC (X) Change ( ) Addition

Name: ODEN, MELISSA Name: KEANE, JOSEPH

Address: 1615 PENNINGTON DR Address: 330 FRANKLIN ROAD, SUITE 135A

City-St-Zip: MURFREESBORO, TN 37130 City-St-Zip: BRENTWOOD, TN 37027

Title: PD ( ) Delete Title: DIR (X) Change ( ) Addition

 Name:
 EARLE, JAMES
 Name:
 DAVENPORT, TOM

 Address:
 611 COMMERCE STREET
 Address:
 P.O. BOX 966

 City-St-Zip:
 NASHVILLE, TN 37203
 City-St-Zip:
 BRISTOL, TN 37621

Title: ( ) Delete Title: DIR ( ) Change (X) Addition

 Name:
 Name:
 SPRUILL, LEIGH

 Address:
 Address:
 4715 HARDING ROAD

 City-St-Zip:
 City-St-Zip:
 NASHVILLE, TN 37205

Title: ( ) Delete Title: DIR ( ) Change (X) Addition

Name: Name: USDAN, JAMES

 Address:
 Address:
 150 2ND AVE. N, SUITE 415

 City-St-Zip:
 City-St-Zip:
 NASHVILLE, TN 37201

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 P. EARLE, III PRES 03/20/2009