

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000001946

**FILED**  
**Jan 12, 2012**  
**Secretary of State**

**Entity Name:** "SOMEONE CARES" INC. OF ATLANTA

**Current Principal Place of Business:**

1950 SPECTRUM CIRCLE  
STE. A140  
MARIETTA, GA 30067

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 881  
SMYRNA, GA 30081

**New Mailing Address:**

**FEI Number:** 41-2025888

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BASS, RONNIE E  
3428 LAWN TENNIS DR.  
JACKSONVILLE, FL 32277 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: MR.  
Name: BASS, RONNIE E  
Address: PO BOX 881  
City-St-Zip: SMYRNA, GA 30081

Title: MR.  
Name: BLOUNT, EDWIN  
Address: PO BOX 881  
City-St-Zip: SMYRNA, GA 30081

Title: MS.  
Name: NEWSON, ALICIA  
Address: PO BOX 881  
City-St-Zip: SMYRNA, GA 30081

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: RONNIE E. BASS

MR.

01/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date