

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000004271

FILED  
Apr 27, 2011  
Secretary of State

**Entity Name:** NFL PLAYER CARE FOUNDATION, INC.

**Current Principal Place of Business:**

280 PARK AVE  
NEW YORK, NY 10017

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4746  
NEW YORK, NY 10017

**New Mailing Address:**

**FEI Number:** 26-1146632

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
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: D  
Name: MINNIEAR, RANDALL H  
Address: 739 WESTPORT RD  
City-St-Zip: EASTON, CT 066121537

Title: D  
Name: COLLINS, ANDRE  
Address: 1133 20TH ST NW  
City-St-Zip: WASHINGTON, DC 20036

Title: D  
Name: NEWSOME, OZZIE  
Address: 1101 RUSSELL ST  
City-St-Zip: BALTIMORE, MD 21230

Title: D  
Name: LANIER, WILLIE  
Address: 2911 W BRIGSTOCK RD  
City-St-Zip: MIDLOTHIAN, VA 23113

Title: D  
Name: SCHERER, KENNETH  
Address: 2338 MULHOLLAND DR  
City-St-Zip: WOODLAND HILLS, CA 91364

Title: AS  
Name: LAMADE, LAWRENCE L  
Address: 1333 NEW HAMPSHIRE AVENUE NW  
City-St-Zip: WASHINGTON, DC 20036

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: LAWRENCE L. LAMADE

AS

04/27/2011

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

\_\_\_\_\_  
Date