

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000000407

FILED
Feb 09, 2012
Secretary of State

Entity Name: THE CARIAD FOUNDATION, INC.

Current Principal Place of Business:

4480 COMANCHE TRAIL BLVD
ST JOHNS, FL 32259

New Principal Place of Business:

Current Mailing Address:

2220 COUNTY ROAD 210 WEST
SUITE 108, BOX 425
ST JOHNS, FL 32259

New Mailing Address:

FEI Number: 27-4491694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FILBY, DEB
244 CHARLEMAGNE CIRCLE
PONTE VEDRA, FL 32082 US

Name and Address of New Registered Agent:

FILBY, DEB
244 CHARLEMAGNE CIRCLE
PONTE VEDRA BEACH, FL 32082 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: DEB FILBY

02/09/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: KAYE, LINDA
Address: 4480 COMANCHE TRAIL BLVD
City-St-Zip: ST JOHNS, FL 32259

Title: T
Name: FILBY, DEB
Address: 4480 COMANCHE TRAIL BLVD
City-St-Zip: ST JOHNS, FL 32259

Title: D
Name: SHERMAN, BLAIRE
Address: 4480 COMANCHE TRAIL BLVD
City-St-Zip: ST JOHNS, FL 32259

Title: D
Name: TITTLE, HEATHER
Address: 4480 COMANCHE TRAIL BLVD
City-St-Zip: ST JOHNS, FL 32259

Title: D
Name: BAKER, ALLISON
Address: 4480 COMANCHE TRAIL BLVD
City-St-Zip: ST JOHNS, FL 32259

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: DEB FILBY

T

02/09/2012

Electronic Signature of Signing Officer or Director

Date