

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
Feb 26, 2007 08:00 A  
Secretary of State



**DOCUMENT # P00518**

1. Entity Name  
**COOPERATIVE FOR ASSISTANCE AND RELIEF  
EVERYWHERE, INC.**

Principal Place of Business  
**151 ELLIS ST  
ATLANTA, GA 30303-2426**

Mailing Address  
**151 ELLIS ST  
ATLANTA, GA 30303-2426**



01312007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>13-1685039</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**CORPORATE CREATIONS NETWORK INC.  
111380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee Is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	GAYLE, HELENE DR
STREET ADDRESS	151 ELLIS ST
CITY - ST - ZIP	ATLANTA, GA

TITLE	C
NAME	CHEN, LINCOLN
STREET ADDRESS	151 ELLIS ST
CITY - ST - ZIP	ATLANTA, GA

TITLE	TVC
NAME	TULLY, BRUCE C
STREET ADDRESS	151 ELLIS ST
CITY - ST - ZIP	ATLANTA, GA 30303

TITLE	VC
NAME	CUTTER, BOWMAN W III
STREET ADDRESS	151 ELLIS ST
CITY - ST - ZIP	ATLANTA, GA 30303

TITLE	VC
NAME	MORGRIDGE, JOHN P
STREET ADDRESS	151 ELLIS ST
CITY - ST - ZIP	ATLANTA, GA 30303

TITLE	S
NAME	ANDERSEN, CAROL
STREET ADDRESS	151 ELLIS STREET
CITY - ST - ZIP	ATLANTA, GA

U000000648445  
03/07/07-80049-014 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Helene Gayle, CEO**

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_