

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JAN 25 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P17975 (4)
1. Corporation Name
AMERICARES FOUNDATION, INC.

Principal Place of Business Mailing Address
**161 CHERRY STREET
NEW CANAAN CT 06840**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/10/1988** 3a. Date of Last Report **01/25/1994**
4. FEI Number **06-1008595** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 25 29 30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	☐ Change ☐ Addition
NAME	MACAULEY, ROBERT C.	1.2 NAME	
STREET ADDRESS	161 CHERRY ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW CANAAN CT	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHWARZ, BERT	2.2 NAME	
STREET ADDRESS	161 CHERRY ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW CANAAN CT	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, STEPHEN M.	3.2 NAME	
STREET ADDRESS	161 CHERRY ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW CANAAN CT	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	CHANDLER, CHARLES R.	4.2 NAME	
STREET ADDRESS	161 CHERRY ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW CANAAN CT	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	LAKE, FRANK J.	5.2 NAME	
STREET ADDRESS	161 CHERRY ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW CANAAN CT	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	KEATING, PETER L.	6.2 NAME	
STREET ADDRESS	161 CHERRY ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW CANAAN CT	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Frank J. Lake
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR
Frank J. Lake
Exec. V.P. (Finance)

January 17, 1995 (203) 966-5195
DATE DAYTIME PHONE #