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**NONPROFIT** CORPORATION ANNUAL REPORT



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

1996

DOCUI 1. Corporation	n Name							
AMERIC	CARES FOUNDATION, INC.				 	i i i i i i i i i i i i i i i i i i i		1   E     E   E   E   E   E   E   E   E
Principa! Place	of Business	Mailing Address						
161 CHERRY STREET		161 CHERRY STREET						
NEW CANAAN CT 06840		NEW CANAAN CT 068	340					
					Date Incorporated or Qualified	3a. Date o	flasti	Report
					02/10/1988		25/19	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	<del></del>	Applied For	
Surte, Apt. #, etc.		26 Suite, Apt. #, etc. 27 City & State			06-1008595		Not Applicable  \$8.75 Additional Fee Required	
					5. Certificate of Status Desired	□ <b>\$</b>		
City & State					6. Election Campaign Financing		\$5.00 May Be	
3		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Country		8. This corporation has liability for		ider s.	199.032
4	25 9. Name and Address of Currer	29	[30]			☐ Yes ☐ No		
	5. Name and Address of Curren	it negistered Agent	81 N	ame	10. Name and Address of New F	registered Age	nt .	
C T COR	RPORATION SYSTEM							
1200 SOUTH PINE ISLAND ROAD			<b>82</b> St	reet Addres	ss (P.O. Box Number is Not Acceptat	ble)		
	TION FL 33324		83					
			<b>84</b> Ci	<b>.</b> .		[ do	e   70	Code
			FL   • • • • • • • • • • • • • • • • • •					
				-		FL		
11. Pursuant or register	to the provisions of Sections 617.0502	2 and 617.1508, Florida Statu da. Such change was author	ites, the above-name	ed corporat	tion submits this statement for the pu	FL I	ng its re	gistered office
or register	to the provisions of Sections 617,050/ red agent, or both, in the State of Flori th, and accept the obligations of, Sect	da. Such change was author	utes, the above name	ed corporat	tion submits this statement for the pu Lof directors. I hereby accept the app	FL I	ng its re stered	egistered office agent. I am
or register	red agent, or both, in the State of Flori ith, and accept the obligations of, Secl	da. Such change was author tion 617.0503, Florida Statute	utes, the above-name ized by the corporati es.	ed corporation's board	l of directors. I hereby accept the app	Irpose of changin pointment as regin	ng its re stered	egistered office agent. I am
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SIGNATURE: .

MEPHEN M. JOHNSON

96 (203) 972 5500 Date Daytime Phona #