

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jul 30 1997 8:00am
Secretary of State

DOCUMENT # P17975 (4)

1. Corporation Name

AMERICARES FOUNDATION, INC.

Principal Place of Business

161 CHERRY STREET
NEW CANAAN CT 06840

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

02/14/1996

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

Country

24

25

Zip

Country

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC ☐ DELETE

NAME MACAULEY, ROBERT C.

STREET ADDRESS 161 CHERRY ST.

CITY-ST-ZIP NEW CANAAN CT

TITLE DV ☐ DELETE

NAME SCHWARZ, BERT

STREET ADDRESS 161 CHERRY ST.

CITY-ST-ZIP NEW CANAAN CT

TITLE P ☐ DELETE

NAME JOHNSON, STEPHEN M.

STREET ADDRESS 161 CHERRY ST.

CITY-ST-ZIP NEW CANAAN CT

TITLE VD ☐ DELETE

NAME CHANDLER, CHARLES R.

STREET ADDRESS 161 CHERRY ST.

CITY-ST-ZIP NEW CANAAN CT

TITLE V ☐ DELETE

NAME LAKE, FRANK J.

STREET ADDRESS 161 CHERRY ST.

CITY-ST-ZIP NEW CANAAN CT

TITLE V ☐ DELETE

NAME KEATING, PETER L.

STREET ADDRESS 161 CHERRY ST.

CITY-ST-ZIP NEW CANAAN CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, its receiver or trustee, or am empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or not changed, with an address.

SIGNATURE *[Signature]* SIGNATURE REQUIRED



CR2E037 (4/97)