

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90058 040 \*\*\*\*61.25

**DOCUMENT # P17975**

1. Entity Name  
**AMERICARES FOUNDATION, INC.**



Principal Place of Business

**88 HAMILTON AVENUE  
STAMFORD, CT 06902**

Mailing Address

**88 HAMILTON AVENUE  
STAMFORD, CT 06902**

**24032961**



03252004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**06-1008595**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

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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, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	MACAULEY, ROBERT C.
STREET ADDRESS	161 CHERRY ST. <i>88 HAMILTON AVE</i>
CITY-ST-ZIP	NEW CANAAN, CT <i>STAMFORD CT 06902</i>
TITLE	DV
NAME	SCHWARZ, BERT
STREET ADDRESS	161 CHERRY ST.
CITY-ST-ZIP	NEW CANAAN, CT
TITLE	VD
NAME	CHANDLER, CHARLES R.
STREET ADDRESS	161 CHERRY ST.
CITY-ST-ZIP	NEW CANAAN, CT
TITLE	VP
NAME	POST, WILLIAM S
STREET ADDRESS	161 CHERRY ST.
CITY-ST-ZIP	NEW CANAAN, CT 06840
TITLE	CFO
NAME	Peter W. Farnsworth
STREET ADDRESS	88 HAMILTON AVE
CITY-ST-ZIP	STAMFORD CT 06902
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I 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 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

*Peter W. Farnsworth*  
3/28/04

Date

Daytime Phone #