

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P17975 1. Entity Name AMERICARES FOUNDATION, INC.	
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Principal Place of Business 88 HAMILTON AVENUE STAMFORD, CT 06902	Mailing Address 88 HAMILTON AVENUE STAMFORD, CT 06902
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DO NOT WRITE IN THIS SPACE



03042005 No Chg-NP CR2E037 (10/03)

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

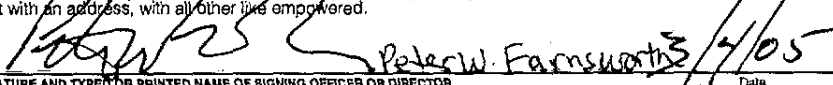
Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC MACAULEY, ROBERT C. 88 HAMIEN AVE STAMFORD, CT 06902
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SCHWARZ, BERT 88 HAMIEN AVE STAMFORD, CT 06902
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CHANDLER, CHARLES R 88 HAMIEN AVE STAMFORD, CT 06902
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP POST, WILLIAM S 88 HAMIEN AVE STAMFORD, CT 06902
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO FARNSWORTH, PETER W 88 HAMIEN AVE STAMFORD, CT 06902
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000258120
03/10/05-80028-021 61.25

**DO NOT WRITE
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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:  **Peter W. Farnsworth** 3/7/05 803-658-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #