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.

Principal Place of Business	Mailing Address
88 HAMILTON AVENUE STAMFORD, CT 06902	88 HAMILTON AVENUE STAMFORD, CT 06902

03042005 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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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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	88 HAMIHEN AVE
CITY-ST-ZIP	STAMFORD, CT 06902
TITLE	DV
NAME	SCHWARZ, BERT
STREET ADDRESS	88 HAMIHEN AVE
CITY-ST-ZIP	STAMFORD, CT 06902
TITLE	VD
NAME	CHANDLER, CHARLES R
STREET ADDRESS	88 HAMIHEN AVE
CITY-ST-ZIP	STAMFORD, CT 06902
TITLE	VP
NAME	POST, WILLIAM S
STREET ADDRESS	88 HAMIHEN AVE
CITY-ST-ZIP	STAMFORD, CT 06902
TITLE	CFO
NAME	FARNSWORTH, PETER W
STREET ADDRESS	88 HAMIHEN AVE
CITY-ST-ZIP	STAMFORD, CT 06902
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD00000258120
03/10/05-80028-021 61.25

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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 3/4/05 203-658-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #