

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P29239**

1. Entity Name

INDEPENDENT CHARITIES OF AMERICA, INC.**FILED**
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90498 038 ****61.25

00024563

DO NOT WRITE IN THIS SPACE

Principal Place of Business

21 TAMAL VISTA BL
SUITE 209
CORTE MADERA CA 94925
US

Mailing Address

21 TAMAL VISTA DRIVE
#209
CORTE MADERA CA 94925
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

94-3067804

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**ABRAMS, DAVID
777 17TH STREET
SUITE 401
MIAMI BEACH FL 33139**7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS**TITLE **D** ☐ Delete
NAME **MEAD, NANCY CALDWELL**
STREET ADDRESS **7600 PARKLAWN STR 248**
CITY-ST-ZIP **MINNEAPOLIS MN 55435**TITLE **VT** ☐ Delete
NAME **BOYER, ED**
STREET ADDRESS **7502 DIPLOMAT DR SUITE 101**
CITY-ST-ZIP **MANASSAS VA 20108**TITLE **ST** ☐ Delete
NAME **PETTITT, JOHN**
STREET ADDRESS **13445 GLEN OAKS BL**
CITY-ST-ZIP **SYLMAR CA 91342**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Nancy Caldwell Mead* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-5-01 415/9241108x124

CR2E037 (10/00)