

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P29239

FILED
Aug 02, 2007
Secretary of State

Entity Name: INDEPENDENT CHARITIES OF AMERICA, INC.

Current Principal Place of Business:

21 TAMAL VISTA BL
SUITE 209
CORTE MADERA, CA 94925 US

New Principal Place of Business:

1100 LARKSPUR LANDING CIRCLE
340
LARKSPUR, CA 94939 US

Current Mailing Address:

21 TAMAL VISTA DRIVE
#209
CORTE MADERA, CA 94925 US

New Mailing Address:

1100 LARKSPUR LANDING CIRCLE
340
LARKSPUR, CA 94939 US

FEI Number: 94-3067804 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ABRAMS, DAVID
777 17TH STREET
SUITE 401
MIAMI BEACH, FL 33139 US

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MEAD, NANCY CALDWELL
Address: 7600 PARKLAWN STR 248
City-St-Zip: MINNEAPOLIS, MN 55435

Title: VT () Delete
Name: BOYER, ED
Address: 7502 DIPLOMAT DR SUITE 101
City-St-Zip: MANASSAS, VA 20108

Title: ST () Delete
Name: PETTITT, JOHN
Address: 13445 GLEN OAKS BL
City-St-Zip: SYLMAR, CA 91342

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY CALDWELL MEAD

PRES

08/02/2007

Electronic Signature of Signing Officer or Director

Date