

**2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000001946

**Entity Name:** "SOMEONE CARES" INC. OF ATLANTA

**Current Principal Place of Business:**

511 N. WASHINGTON STREET  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

1950 SPECTRUM CIRCLE  
200  
MARIETTA, GA 30067-8479 US

**FEI Number:** 41-2025888

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

BASS, RONNIE E  
511 N. WASHINGTON STREET  
JACKSONVILLE, FL 32202 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

**Officer/Director Detail :**

Title            CEO  
Name            BASS, RONNIE E  
Address        1950 SPECTRUM CIRCLE  
                  STE. 200  
City-State-Zip: MARIETTA GA 30067-8479

Title            CFO  
Name            LIBURD, WINSTON  
Address        1950 SPECTRUM CIRCLE  
                  STE. 200  
City-State-Zip: MARIETTA GA 30067-8479

*I hereby 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 all other like empowered.*

**SIGNATURE:** RONNIE E BASS

CEO

01/25/2023

Electronic Signature of Signing Officer/Director Detail

Date