

**2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000004523

**Entity Name:** THE TEARS FOUNDATION, INC.

**Current Principal Place of Business:**

11102 SUNRISE BLVD E #112  
PUYALLUP, WA 98374

**Current Mailing Address:**

11102 SUNRISE BLVD E #112  
PUYALLUP, WA 98374 US

**FEI Number:** 45-0500497

**Certificate of Status Desired:** No

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

PILON, MARGARET  
1787 WATER ROCK DR  
APOPKA, FL 32712 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:** MARGARET PILON

03/17/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title C  
Name SLACK, SARAH  
Address 11102 SUNRISE BLVD E #112  
City-State-Zip: PUYALLUP WA 98374

Title DIRECTOR  
Name O'REILLY, ELIZABETH  
Address 11102 SUNRISE BLVD E  
SUITE 112  
City-State-Zip: PUYALLUP WA 98374

Title CFO  
Name KRAUSE, MIRIAM  
Address 11102 SUNRISE BLVD E #112  
City-State-Zip: PUYALLUP WA 98374

Title P  
Name STEFFARO, MICHAEL  
Address 11102 SUNRISE BLVD E  
SUITE 112  
City-State-Zip: PUYALLUP WA 98374

Title GENERAL OFFICER  
Name SLATER, KARA  
Address 11102 SUNRISE BLVD E #112  
City-State-Zip: PUYALLUP WA 98374

*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:** MIRIAM KRAUSE

**DIRECTOR OF FINANCE & OPERATIONS** 03/17/2020

Electronic Signature of Signing Officer/Director Detail

Date