

**2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000004523

**FILED**  
**Feb 25, 2014**  
**Secretary of State**  
**CC5846198322**

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

**Current Principal Place of Business:**

11102 SUNRISE BLVD E #102  
PUYALLUP, WA 98374

**Current Mailing Address:**

11102 SUNRISE BLVD E #102  
PUYALLUP, WA 98374

**FEI Number:** 45-0500497

**Certificate of Status Desired:** No

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

EISENHUT, NATALIE  
2035 AVOCADO DR  
PORT ORANGE, FL 32128 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 C  
Name SLACK, SARAH  
Address 11102 SUNRISE BLVD E #102  
City-State-Zip: PUYALLUP WA 98374

Title P  
Name MUNOZ, TONY  
Address 4617 6TH AVE  
City-State-Zip: TACOMA WA 98406

Title VP  
Name KRATTLI, DARREN  
Address 3837 SO 8TH ST  
City-State-Zip: TACOMA WA 98405

Title G  
Name O'REILLY, ELIZABETH  
Address 3206 N 29TH  
City-State-Zip: TACOMA WA 98407

*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:** SARAH SLACK

**EXECUTIVE DIRECTOR**

**02/25/2014**

Electronic Signature of Signing Officer/Director Detail

Date