

2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000004523

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

Title GENERAL OFFICER
Name ROBINSON, DEBORAH
Address 11102 SUNRISE BLVD E #102
City-State-Zip: PUYALLUP WA 98374

Title GENERAL OFFICER
Name GREENHALGH, KATIE
Address 11102 SUNRISE BLVD E #102
City-State-Zip: PUYALLUP WA 98374

Title GENERAL OFFICER
Name SLATER, KARA
Address 11102 SUNRISE BLVD E #102
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: SARAH SLACK

EXECUTIVE DIRECTOR

01/07/2015

Electronic Signature of Signing Officer/Director Detail

Date