

<b>SCC eFile</b>	<b>2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	215549448
1.) CORPORATION NAME: <b>The Advance Cares Foundation</b>		DUE DATE: <b>12/31/2015</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>TAMMY FINLEY 5008 AIRPORT ROAD ROANOKE, VA</b>		SCC ID NO: <b>07450646</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>ROANOKE CITY</b>		5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>		
6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 5008 AIRPORT ROAD  CITY/ST/ZIP: ROANOKE, VA 24012		
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.		
NAME: MICHAEL A NORONA TITLE: PRESIDENT ADDRESS: 5008 AIRPORT RD CITY/ST/ZIP/CO: ROANOKE, VA 24012	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TAMMY FINLEY TITLE: SECRETARY ADDRESS: 5008 AIRPORT RD CITY/ST/ZIP/CO: ROANOKE, VA 24012	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RACHEL GEIERSBACH TITLE: ASST SECRETARY ADDRESS: 5008 AIRPORT RD CITY/ST/ZIP/CO: ROANOKE, VA 24012	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ MICHAEL A NORONA	MICHAEL A NORONA, PRESIDENT	4/28/2016
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		