

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (R)

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90048 025 ****61.25

DOCUMENT # 748599

1. Entity Name

THE CASTT-AWAY OF NOKOMIS INCORPORATED



Principal Place of Business

Mailing Address

100 BAYSHORE RD
APT E
NOKOMIS FL 34275
US

RICHARD M. OLSEN
1026 SPAFFORD ST.
ANTIOCH IL 60002
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DREIGHTON, BARBARA
7350 TAMiami TRAIL
SUITE #85
SARASOTA FL 34231

Name

RICHARD M. OLSEN

Street Address (P.O. Box Number is Not Acceptable)

100 BAYSHORE Rd.

City

Nokomis

FL

Zip Code

34275

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Richard M. Olsen, Treasurer & Bd. of Directors 2-5-07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME NEAL, WILBUR
STREET ADDRESS 117 SHERWOOD DR
CITY-STATE-ZIP BATTLE CREEK MI 49015-8660

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE SD ☐ Delete
NAME WORSFOLD, ANNALDA T
STREET ADDRESS P.O. BOX 445
CITY-STATE-ZIP BEAVER ISLAND MI 49782

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE TD ☐ Delete
NAME OLSEN, RICHARD M
STREET ADDRESS 1026 SPAFFORD ST.
CITY-STATE-ZIP ANTIOCH IL 60002

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE D ☐ Delete
NAME NEAL, LOIS
STREET ADDRESS 117 SHERWOOD DR.
CITY-STATE-ZIP BATTLE CREEK MI 49015

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE D ☐ Delete
NAME OLSEN, JOYCE E
STREET ADDRESS 1026 SPAFFORD ST.
CITY-STATE-ZIP ANTIOCH IL 60002

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE D ☒ Delete
NAME DREIGHTON, BARBARA
STREET ADDRESS 7350 TAMiami TRAIL, SUITE 85
CITY-STATE-ZIP SARASOTA FL 34231

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard M. Olsen* RICHARD M. OLSEN

1-5-07 312-209-8144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #