

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # 748599

1. Entity Name
THE CASTT-AWAY OF NOKOMIS INCORPORATED



Principal Place of Business

**100 BAYSHORE RD
APT E
NOKOMIS, FL 34275 US**

Mailing Address

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



04282008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**OLSEN, RICHARD M
100 BAYSHORE RD
NOKOMIS, FL 34275**

**DO NOT WRITE
IN THIS SPACE**

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*

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

(NOTE: Registered Agent signature required when reinstating)

4-28-08

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000338040

05/27/08-80075-011 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME NEAL, WILBUR
STREET ADDRESS 117 SHERWOOD DR
CITY-ST-ZIP BATTLE CREEK, MI 490158660

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-08

Date

847-395-3163

Daytime Phone #

Call 312-209-8144