

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748599

FILED
Feb 15, 2009
Secretary of State

Entity Name: THE CASTT-AWAY OF NOKOMIS INCORPORATED

Current Principal Place of Business:

100 BAYSHORE RD
APT E
NOKOMIS, FL 34275 US

New Principal Place of Business:

100 BAYSHORE RD
UNIT E
NOKOMIS, FL 34275 US

Current Mailing Address:

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

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

OLSEN, RICHARD M
100 BAYSHORE RD
UNIT E
NOKOMIS, FL 34275 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: RICHARD M. OLSEN

02/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NEAL, WILBUR
Address: 117 SHERWOOD DR
City-St-Zip: BATTLE CREEK, MI 490158660

Title: SD () Delete
Name: WORSFOLD, ANNALDA T
Address: P.O. BOX 445
City-St-Zip: BEAVER ISLAND, MI 49782

Title: TD () Delete
Name: OLSEN, RICHARD M
Address: 1026 SPAFFORD ST.
City-St-Zip: ANTIOCH, IL 60002

Title: D () Delete
Name: NEAL, LOIS
Address: 117 SHERWOOD DR.
City-St-Zip: BATTLE CREEK, MI 49015

Title: D () Delete
Name: OLSEN, JOYCE E
Address: 1026 SPAFFORD ST.
City-St-Zip: ANTIOCH, IL 60002

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RICHARD M. OLSEN

TD

02/15/2009

Electronic Signature of Signing Officer or Director

Date