

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748599

FILED
Mar 05, 2011
Secretary of State

Entity Name: THE CASTT-AWAY OF NOKOMIS INCORPORATED

Current Principal Place of Business:

100 BAYSHORE RD
UNIT E
NOKOMIS, FL 34275 US

New Principal Place of Business:

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
UNIT E
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: NAPOLILLO, JOHN
Address: 1745 PALM LANE
City-St-Zip: NOKOMIS, FL 34275 US

Title: VPD
Name: NEAL, STUART
Address: 21753 JUNCTION RD.
City-St-Zip: BELLEVUE, MI 49021 US

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

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

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

Title: D
Name: OLSEN, RICHARD M
Address: 1026 SPAFFORD ST.
City-St-Zip: ANTIOCH, IL 60002 US

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: RICHARD M. OLSEN

TD

03/05/2011

Electronic Signature of Signing Officer or Director

Date