2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

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1. Entity Name
BOB AND JEAN NOELL CHARITABLE FOUNDATION, INC.

Principal Place of Business	Mailing Address
700 TUSKAWILLA ST. CLEARWATER, FL 33756-3450	700 TUSKAWILLA ST. CLEARWATER, FL 33756-3450

01042005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3695490
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NOELL, ROBERT E JR.
1232 ADAMS AVE.
CLEARWATER, FL 33756

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NOELL, ROBERT E JR
STREET ADDRESS	C/O JAMES A MARTIN 625 CT STREET
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	D
NAME	NOELL, ROBERT E SR.
STREET ADDRESS	C/O JAMES A MARTIN 625 CT STREET
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	D
NAME	NOELL, JEAN
STREET ADDRESS	C/O JAMES A MARTIN 625 CT STREET
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	D
NAME	CHAPMAN, JENNY
STREET ADDRESS	C/O JAMES A MARTIN 625 CT STREET
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	SD
NAME	NOELL, PATRICIA
STREET ADDRESS	C/O JAMES A MARTIN 625 CT STREET
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/20/05-80038-022 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Robert E Noell Jr 4/17/05 7274465490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #