

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90118 019 ****61.75

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



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

Mailing Address
**700 TUSKAWILLA ST.
CLEARWATER, FL 33756-3450**

DO NOT WRITE IN THIS SPACE



03032006 No Chg-NP CR2E037 (11/05)

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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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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 NOELL
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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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert E. Noell, Jr. 3/3/06 727 465 490