2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008
Secretary of State

DOCUMENT# N01000000663

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

Current Principal Place of Business:

700 TUSKAWILLA ST.
CLEARWATER, FL 337563450

New Principal Place of Business:

1283 S LINCOLN AVENUE
CLEARWATER, FL 33756

Current Mailing Address:

700 TUSKAWILLA ST.
CLEARWATER, FL 337563450

New Mailing Address:

1283 S LINCOLN AVENUE
CLEARWATER, FL 33756

FEI Number: 59-3695490 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOELL, ROBERT E JR.
1232 ADAMS AVE.
CLEARWATER, FL 33756 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 ( ) Delete
Name: NOELL, ROBERT E JR
Address: C/O JAMES A MARTIN 625 CT STREET
City-St-Zip: CLEARWATER, FL 33756

Title: D ( ) Delete
Name: NOELL, ROBERT E SR.
Address: C/O JAMES A MARTIN 625 CT STREET
City-St-Zip: CLEARWATER, FL 33756

Title: D ( ) Delete
Name: NOELL, JEAN
Address: C/O JAMES A MARTIN 625 CT STREET
City-St-Zip: CLEARWATER, FL 33756

Title: D ( ) Delete
Name: NOELL, JENNY
Address: C/O JAMES A MARTIN 625 CT STREET
City-St-Zip: CLEARWATER, FL 33756

Title: SD ( ) Delete
Name: NOELL, PATRICIA
Address: C/O JAMES A MARTIN 625 CT STREET
City-St-Zip: CLEARWATER, FL 33756

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: PATRICIA L. NOELL SD 02/27/2008

Electronic Signature of Signing Officer or Director — Date