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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # N96000004114 (2)

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May 07 1997 8:00am
Secretary of State

| | NOSKAMP FO | DUNDATION, II | | | | | ************************************** | | | | | |
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| Principal Plac | e of Business | | Mailing A | ddress | ··· | ····· | | 1888 848 18188 61881 88811 88 81 | ii Otih Voii Ei | | HOLF DIA FILIT | |
| 2310 WEST BAY DRIVE 2310 WEST BAY DRIVE LARGO FL 33770-1875 | | | | | | | | | | | | |
| | | | | | | | 3. Date inc 08/ | corporated or Qualified 05/1996 | d 3a. D | ate of Last F | leport | |
| 2. Principal Place of Business | | | 2a. Mailin | g Address | | | 4. FEI Nun | | | A | pplied For | |
| 1 | | | 26 Suite, Apt. #, etc. | | | 59- | | | | ot Applicable | | |
| Suite, Apt | #, etc. | | 27 Suite, | Apt. #, etc. | | | 5. Certifica | te of Status Desired | | | Additional equired | |
| City & Stat | te | | | State | | | 6. Election | Campaign Financing | | | May Be | |
| <u> </u> | | | 28 | | | · · · · · · · · · · · · · · · · · · · | | nd Contribution | | | to Fees | |
| Zip | | Country | Zip | | Cour | itry | 8. This cor | poration has liability to | or intangible | | s. 199.032, | |
| 4 | 9. Name and | Address of Curre | 29 ent Registered / | Agent | 30 | | | nd Address of New I | | | | |
| | | | | | 1 | 81 Name | | | | | | |
| DICKEY. | WILLIAM R | | | | }: | 92 Street | Address (P.O. Box | Number is Not Accept | teble) | ····· | | |
| | EST BAY DRIVE | , | | | Ĺ | | 144,000 (1.10; 00). | | | | | |
| LARGO | FL 33770 | | | | <u> </u> | B3 | | | | | | |
| | | | | | ļ. | B4 City | ·· · · · · · · · · · · · · · · · · · · | | | 85 Zip | Code | |
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| 11. Pursuant | to the provisions | of Sections 617.05 | 502 and 617.150 | 8, Florida Statu | ites, the ab | ove-named by the corr | corporation submit | s this statement for the | e purpose o | f changing | its registered | |
| office or i agent. I a | registered agent, am familiar with, a | of Sections 617.05 or both, in the Stal and accept the obli- orted name of registered a | te of Florida. Sud igations of, Secti | ch change was on 617.0503, F | authorized Iorida Statu | by the corpites. | poration's board of a | directors. I hereby acc | e purpose o cept the app | pointment as | s registered | |
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1. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplied report is rue 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 repelver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 15 if chapted, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TIPED OF PRINTED NOTE OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0049586