

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 19, 2002 8:00 am**  
**Secretary of State**

03-19-2002 90015 028 \*\*\*\*70.00

**DOCUMENT #** N 99 000 00 6735

**1. Entity Name**

NOREN FOUNDATION, INC.

**DO NOT WRITE IN THIS SPACE**

425524

**2. Principal Place of Business**

3489 SHORELINE CIRCLE

Suite, Apt. #, etc.

**3. Mailing Address**

3489 SHORELINE CIRCLE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

PALM HARBOR, FL

**Zip**  
34684

**Country**

USA

**City & State**

PALM HARBOR, FL

**Zip**  
34684

**Country**

USA

**4. FEI Number**

59-3610604

**Applied For**

Not Applicable

**5. Certificate of Status Desired**

☒

**\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

JACOBS, RICHARD O.

**Street Address (P.O. Box Number is Not Acceptable)**

200 CENTRAL AVE

SUITE 1600

**City**

ST PETERSBURG

**FL**

**Zip Code**

33701

**DO NOT WRITE  
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.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FEES IS \$31.25**  
**Initial or Amended UBR**

**9. Election Campaign Financing**  
**Trust Fund Contribution.**

☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

**10. OFFICERS AND DIRECTORS**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY - ST - ZIP**

PTD  
NOREN, WILLIAM F.  
3489 SHORELINE CIRCLE  
PALM HARBOR, FL 34684

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY - ST - ZIP**

VD  
NOREN, ROBERT E JR  
11552 GREENLAWN AVE  
PLYMOUTH, IN 46563

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY - ST - ZIP**

SD  
RYAN, MELODY W  
111 HIGHWOOD DR  
MANCHESTER, CT 06040

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY - ST - ZIP**

D  
NOREN, DOUGHKA  
3728 EMBASSY CIRCLE  
PALM HARBOR, FL 34685

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY - ST - ZIP**

**TITLE**

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IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** William F. Noren

MARCH 1, 2002