
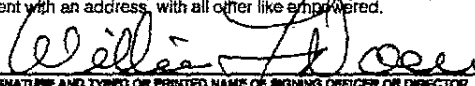


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # N99000006735 1. Entity Name NOREN FOUNDATION, INC.		
Principal Place of Business 3489 SHORELINE CIRCLE PALM HARBOR, FL 34684	Mailing Address 3489 SHORELINE CIRCLE PALM HARBOR, FL 34684	
DO NOT WRITE IN THIS SPACE		
8. Name and Address of Current Registered Agent NOREN, WILLIAM F 3489 SHORELINE CIRCLE PALM HARBOR, FL 34684		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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 AVENUE PLYMOUTH, IN 46563	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RYAN, MELODY W 111 HIGHWOOD DRIVE MANCHESTER, CT 06040	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOREN, DOUCHKA H 3728 EMBASSY CIRCLE PALM HARBOR, FL 34685	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 7-27-2006 <small>Daytime Phone #</small>



01042006 No Chg-NP CR2E037 (11/05)

4. FEI Number **59-3610604** Applied For
Not Applicable

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

U00000531731
05/06/06-80056-005 70.00

**DO NOT WRITE
IN THIS SPACE**