

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2008 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



01062008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3610604

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. 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

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

(NOTE: Registered Agent signature required when reinstating)

000000001453
02/19/08-80025-004 70.00

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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

**DO NOT WRITE
IN THIS SPACE**

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 #

2/6/08 727 786 4822