

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000006735

1. Entity Name
NOREN FOUNDATION, INC.



FILED

09 MAR 27 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01072009 No Chg-NP CR2E037 (11/08)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3610604	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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)

DATE

**Filing Fee is \$61.25
Due by May 1, 2009**

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	

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**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 #

WILLIAM F NOREN

727-786-4822

3/30/09