

# 2013 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

FILED  
13 MAR 14 AM 11:07  
CLERK OF STATE  
TALLAHASSEE, FLORIDA



03022013 No Chg-NP CR2E037 (12/11)

**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, 2013**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PTD
NAME	NOREN, WILLIAM F
STREET ADDRESS	3489 SHORELINE CIRCLE
CITY - ST - ZIP	PALM HARBOR, FL 34684

TITLE	VD
NAME	NOREN, ROBERT E JR.
STREET ADDRESS	11552 GREENLAWN AVENUE
CITY - ST - ZIP	PLYMOUTH, IN 46563

TITLE	SD
NAME	RYAN, MELODY W
STREET ADDRESS	111 HIGHWOOD DRIVE
CITY - ST - ZIP	MANCHESTER, CT 06040

TITLE	D
NAME	NOREN, DOUCHKA H
STREET ADDRESS	3728 EMBASSY CIRCLE
CITY - ST - ZIP	PALM HARBOR, FL 34685

TITLE	D
NAME	NOREN, PAIGE
STREET ADDRESS	12747 SOVEREIGN LANE
CITY - ST - ZIP	FISHERS, IN 46038

TITLE	D
NAME	HERENDEEN, MOLLY E
STREET ADDRESS	31 PETERSON ST
CITY - ST - ZIP	OTTERBEIN, IN 47970

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03/14/13--01037--009 \*\*70.00

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IN THIS SPACE**

MAR 14 2013

S. PRATHER

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

E MAIL ADDRESS

*William F. Noren* 3/4/13 BILL NOREN (D) EARTHLINE.NET