#### FILED May 12, 2002 8:00 am Secretary of State

#### 2002 Uniform Business Report (UBR)

1. Entity Nar	IMENT # POOO JAY NOCK FOUNDATION	00028881 FOR EDUCATION, II	NC.			04-09-2002 90	•		•
Principal Pla	ce of Business	Mailing Address							
P.O. BOX 23 TAMPA FL 3		P.O. BOX 23985 TAMPA FL 33623			145******	ili Abus delle Abis Abis editt bult	na stâlt câche toru	FULDI 62 <b>0+ 10.6</b> 1	
2. Principal I	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Star		City & State						pplied For ot Applicable	7
Zip	Country	Zip	Count	lry	5. Certificate of	Status Desired	\$8.75 Ad Fee Require		7
	6. Name and Address of Current	Registered Agent			7. Name and A	dress of New Registere	d Agent		]
		<u> </u>		Name	. <del> </del>	· <del></del>	<del>-</del> -		-
1812 N. I	ig, Charles FT. Harrison		ļ	Street Address (	P.O. Box Number i	s Not Acceptable)			]
CLEARW/	ATER FL 33755			City		F	Zip Cod	le	-
8. The above	e named entity submits this statement for	or the purpose of changing Its	s registere	d office or register	ed agent, or both,		<u>-                                    </u>		1
SIGNATURE	Signature, typed or printed name of registered agent	and title if anolimble. (MO)	TF: Begistered	Agent signature required	when rejectation!	DATE			
		<del></del>			· wildings				4
Tax filing i	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW After May 1, 20 Make Check Paya	002 Fee v	vill be \$550.00	Trust	on Campaign Financing Fund Contribution.	\$5.0 Added	May Be I to Fees	
11.	OFFICERS AND	DIRECTORS	12.		ADDITIONS/CH	IANGES TO OFFICERS AN	ND DIRECTOR	S IN 11	┨
TITLE NAME STREET ADDRESS	D HALLBERG, CHARLES 1812 N. FT. HARRISON	Delete	TITLE NAME STREE	T AODRESS			☐ Change	☐ Addition	CR2E034 (9/01)
CITY-ST-ZEP	CLEARWATER FL 33755		CITY-	ST-ZIP					
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IITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Celete	TITLE NAME	ADDRESS			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME	ADORESS			Change	Addition	1
13. I hereby c indicated of the corr	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address.	XWEXECTIO EXECUTE INIS FEDOR	the exem ny signatur as rectuire	otion stated in Sec	Horida Statutes; a /o∠	nd that my name appears	in Block 11 or	formation or director Block 12 if	
SIGNAT	URE: SIGNATURE AND DEPEND OR P	RINTED NAME OF SIGNING OFFICER	OR DIRECTO		800-	-633- <b>7</b> 627	Daytime Phone #		



# ATTACHU POODOOD 28881 2934 ALBERT JAY NOCK

### FOUNDATION FOR EDUCATION, INC.

A Not-For-Profit 501-C-3 FLORIDA CORPORATION (HENCHS)

4/19/02

CHARLES HALLBERG PRESIDENT

#### **BOARD OF ADVISORS**

GEORGE W. CAREY GEORGETOWN UNIVERSITY

M. STANTON EVANS NATIONAL SCHOOL OF JOURNALISM

MICHAEL NOVAK AMERICAN ENTERPRISE INSTITUTE

EDMUND A. OPITZ FOUNDATION FOR ECONOMIC EDUCATION (RET.)

RALPH SMEED FARM CITY AGRI-BUSINESS (FMR. FEE TRUSTEE)

ROBERT SPITZER PRESIDENT EMERITUS MILWAUKEE SCHOOL OF ENGINEERING

ROBERT THORNTON NOCKIAN SOCIETY

MILLER UPTON PRESIDENT EMERITUS BELOIT COLLEGE

Although incorpoated 3/15/00, we have not conducted any business activity. We currently have our attorney doing the necessary paperwork to file to obtain a 501 (c) (3) .... however .. we have just been notified by the Florida Department of State that we have to have our FEI number before May 1st, hence we cannot wait for the 501 (c)(3)  $f_{1}$  ing.

Sincer

Hallberg CKarles

CMH/cf

Florida Dept Of State

ADDRESS

P.O. BOX 23985 TAMPA, FL 33623

PHONE

(800) 633-7627

(800):253-7323

**WEB SITE** 

www.NockFoundation.org

E-MAIL

REMNANT @ NOCK FOUNDATION. ORG

# ATTACH # POODOO 288881

## Application for Employer Identification Number

OMB No. 1545-0003

December 1993) ment of the Treesury	(For use	by employers, c iment agencies	- COTONIC				Expires 12-31-9	
1 Name of applica		) (See instructio	ns.)		-	·		
1 Name of applical	A (Feder) Larus	NOCK FOU	NIDATE	ON FOR E	DUCATION	INC		
ALBE	RT JAY	NOCK FOU	Lin line 1	3 Execut	or, trustee, "care	of" name		
2 Trade name of b	usiness, it cim	BLOW (LOW) 1997 HO						
				- I Dun no	se address if di	ferent from add	dress in lines 4a and	4b
4a Mailing address	street addres	s) (room, apt., or	r suite no.)	58 BUSKR	20 GCC16331 11 611			
46 11.6	020(	n IT						
PO_I	OX YTA	35		56 City 9	tate, and ZiP cor	<del>je</del>	•	
4b City, state, and	TIP COOP			<b>\</b>	*			
[MAT	PA. FL							
6 County and stat	e where princi	pal business is i	ocated					
	FT.				See (See	ostructions.)		
6 County and stat  Pinel 7 Name of princip	al officer Defi	eral partner, gran	ntor, owner	or trustor-55	M tedriter (nes	,		
A Mattle of Survivo	Br Office: 9-	OIG 7 PX			47-24-03	98		
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Tune of entity (Che								hip
The transference	CCM		[	Pian admini	arator-SSN		Farmers'	cooperative
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Other (specify)	·							
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if a corporation, no	me the state	or foreign count	try   State					
(if applicable) when	e incorporated	1 ▶	j	_FLORIDA				
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Reason for applying Started new bu	siness (specif	y) 🕨		FOICHEADOW	was topociful >			
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