

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000010090

Entity Name: THE NORRIS COLE FOUNDATION INC.**Current Principal Place of Business:**20810 W. DIXIE HIGHWAY
MIAMI, FL 33180**Current Mailing Address:**893 S. MAIN STREET
#355
ENGLEWOOD, OH 45322 US**FEI Number:** 46-1234116**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ARS & ASSOCIATES INC
20810 W. DIXIE HIGHWAY
MIAMI, FL 33180 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VP
Name	COLE, NORRIS G. SR.
Address	893 S. MAIN STREET #355
City-State-Zip:	ENGLEWOOD OH 45322

Title	SECRETARY
Name	COLE, DEONNA L.
Address	893 S. MAIN STREET #355
City-State-Zip:	ENGLEWOOD OH 45322

Title	PRESIDENT
Name	COLE, NORRIS G. II
Address	893 S. MAIN STREET #355
City-State-Zip:	ENGLEWOOD OH 45322

Title	DIRECTOR
Name	COLE, DIANE L.
Address	893 S. MAIN STREET #355
City-State-Zip:	ENGLEWOOD OH 45322

Title	TREASURER
Name	WINBURN, ROSHAWN
Address	3636 WALES DRIVE
City-State-Zip:	DAYTON OH 45405

Title	DIRECTOR
Name	GREGORY, DONNELL E
Address	5476 FAIRFORD CRT
City-State-Zip:	DAYTON OH 45414

Title	DIRECTOR
Name	HOLLINGSWORTH, JONATHAN
Address	6494 CENTERVILLE BUSINESS PARKWAY
City-State-Zip:	CENTERVILLE OH 45459

Title	DIRECTOR
Name	LEVI, MAYTAL
Address	893 S. MAIN STREET #355
City-State-Zip:	ENGLEWOOD OH 45322

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DIANE COLE**DIRECTOR****04/16/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LADUCA, BRIAN
Address 893 S. MAIN STREET #355
City-State-Zip: ENGLEWOOD OH 45322

Title DIRECTOR
Name SPEARS, NATASHA R.
Address 893 S. MAIN STREET
 #355
City-State-Zip: ENGLEWOOD OH 45322

Title DIRECTOR
Name JACKSON, RYAN C.
Address 893 S. MAIN STREET
 #355
City-State-Zip: ENGLEWOOD OH 45322