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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20708

1. Corporation Name

STICKELBER CHARITABLE FOUNDATION, INC.

Principal Place of Business	Mailing Address
775 GULF SHORES DR 1157 DESTIN FL 32541 US	P. O. BOX 516 DESTIN FL 32540-0516

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	05/04/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7062356 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STICKELBER, MERLIN C 775 GULF SHORES DR UNIT 1157 SANDPIPER LOVE DESTIN FL 32541	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE ______________________ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SECT	☐ DELETE	1.1 TITLE	PRESIDENT, [redacted]-SCT, & TRES	☐ Change ☐ Addition
NAME	STICKELBER, MERLIN C		1.2 NAME		
STREET ADDRESS	500 GULF SHORE DRIVE UNIT 605		1.3 STREET ADDRESS	(D)	
CITY-ST-ZIP	DESTIN FL 32541		1.4 CITY-ST-ZIP	SAME AS #1	
TITLE	ASTD	☐ DELETE	2.1 TITLE	AST. SEC. [redacted].	☐ Change ☐ Addition
NAME	WALL, DEBRA L		2.2 NAME	STICKELBER, DEBRA W.	
STREET ADDRESS	500 GULF SHORE DRIVE		2.3 STREET ADDRESS	775 GULF SHORES DR. #1157 (D)	
CITY-ST-ZIP	DESTIN FL 32541		2.4 CITY-ST-ZIP	SAME	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HERRERA, ANNETTE F		3.2 NAME		
STREET ADDRESS	1601 NESHOTA DRIVE APT 32 (D)		3.3 STREET ADDRESS		
CITY-ST-ZIP	MOBILE AL 36605		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Merlin C. Stickelber ______ Date ______ 850.837.2728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)