

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2007 8:00 am
Secretary of State

05-24-2007 90004 039 ***150.00

DOCUMENT # N06000012173

1. Entity Name
RICHARD AND MARIANNE STOHLMAN FAMILY
FOUNDATION, INC.



Principal Place of Business
4151 GULF SHORE BLVD NORTH
APT 1402
NAPLES, FL 34102

Mailing Address
4151 GULF SHORE BLVD NORTH
APT 1402
NAPLES, FL 34102

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03192007 Chg-NP CR2E037 (12/06)

4. FEI Number

20-8080736

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STOHLMAN, MARIANNE D
4151 GULF SHORE BLVD NORTH
APT 1402
NAPLES, FL 34102

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | STOHLMAN, MARIANNE D | |
| STREET ADDRESS | 4151 GULF SHORE BLVD NORTH - APT 1402 | |
| CITY-ST-ZIP | NAPLES, FL 34102 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | STOHLMAN, RICHARD H JR | |
| STREET ADDRESS | 456 MARLBOROUGH RD | |
| CITY-ST-ZIP | BROOKLYN, NY 11226 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | STOHLMAN, BARBARA A | |
| STREET ADDRESS | 6000 CONWAY RD | |
| CITY-ST-ZIP | BETHESDA, MD 20817 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WIEGAND, MARGARET S | |
| STREET ADDRESS | 4104 DRESDEN ST | |
| CITY-ST-ZIP | KENSINGTON, MD 20895 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | RUSNAK, CATHERINE S | |
| STREET ADDRESS | 5317 ALBEMARLE RD | |
| CITY-ST-ZIP | BETHESDA, MD 20816 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------|--|
| TITLE | President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Marianne Stohlman | |
| STREET ADDRESS | (Same) | |
| CITY-ST-ZIP | | |
| TITLE | Secretary | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Richard H. Stohlman Jr | |
| STREET ADDRESS | (Same) | |
| CITY-ST-ZIP | | |
| TITLE | Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Barbara Stohlman | |
| STREET ADDRESS | (Same) | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:

Barbara A. Stohlman

BARBARA A. STOHLMAN

3-20-07

301.5306.205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/18

ATTACHMENT
40118312
#NO 600004173

This inadvertently did not get mailed.
Enclosed is \$150.- to cover the late processing
fee.

Please call me if you have any
questions.

Sincerely,

Barbara Stohlman

Phone - 301-530-6205