

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2008 08:00 A
Secretary of State

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**



03012008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-8080736	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

**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, 2008**

9. Election Campaign Financing
Trust Fund Contribution, ☐

\$5.00 May Be
Added to Fees

000000847378
03/19/08 80017-018 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STOHLMAN, MARIANNE D 4151 GULF SHORE BLVD NORTH - APT 1402 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STOHLMAN, RICHARD H JR 456 MARLBOROUGH RD BROOKLYN, NY 11226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STOHLMAN, BARBARA A 6000 CONWAY RD BETHESDA, MD 20817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEGAND, MARGARET S 4104 DRESDEN ST KENSINGTON, MD 20895
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSNAK, CATHERINE S 5317 ALBEMARLE RD BETHESDA, MD 20816
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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* (Treasurer) 3/1/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

301.530.6205