SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 AM 9:20

DOCUMENT # N20708 (6)

1. Corporation Name
STICKELBER CHARITABLE FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
106 BENNING DR. #12 DAVIS PLAZA DESTIN FL 32541	P. O. BOX 516 DESTIN FL 32540-0516

3. Date Incorporated or Qualified: 05/04/1987
3a. Date of Last Report: 10/21/1994
4. FEI Number: 23-7062356 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

STICKELBER, MERLIN C
1157 SANDPIPER COVE
DESTIN FL 32541

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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	PVD SEC. & TRES'J	11 TITLE	☐ Change ☐ Addition
NAME	STICKELBER, MERLIN C	12 NAME	
STREET ADDRESS	1157 SANDPIPER COVE	13 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	14 CITY-ST-ZIP	
TITLE	~~STD~~	21 TITLE	☐ Change ☐ Addition
NAME	~~HELMSING, FRED~~	22 NAME	
STREET ADDRESS	~~150 GOVERNMENT ST~~ RESIGNED	23 STREET ADDRESS	
CITY-ST-ZIP	~~MOBILE AL~~	24 CITY-ST-ZIP	
TITLE	~~D~~	31 TITLE	☐ Change ☐ Addition
NAME	~~DIETZE, FERDINAND H~~	32 NAME	
STREET ADDRESS	~~308 S GREENO RD~~ RESIGNED	33 STREET ADDRESS	
CITY-ST-ZIP	~~FAIRHOPE AL~~	34 CITY-ST-ZIP	
TITLE	ASST SEC. TRES DIR	41 TITLE	☐ Change ☐ Addition
NAME	DEBRA L. WALL	42 NAME	
STREET ADDRESS	1157 SANDPIPER COVE	43 STREET ADDRESS	
CITY-ST-ZIP	DESTIN, FL 32541	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	HERRERA, ANUERF F.	52 NAME	
STREET ADDRESS	1601 MESHOTA DR	53 STREET ADDRESS	
CITY-ST-ZIP	MOBILE, AL 36605	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Merlin C Stickelber 06.08.95 904.654.2099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MERLIN C. STICKELBER

0018442