

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N20708 (6)

1. Corporation Name

STICKELBER CHARITABLE FOUNDATION, INC.



Principal Place of Business

106 BENNING DR., #12 DAVIS PLAZA
DESTIN FL 32541

Mailing Address

P. O. BOX 516
DESTIN FL 32540-0516

3. Date Incorporated or Qualified
05/04/1987

3a. Date of Last Report
06/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STICKELBER, MERLIN C
1157 SANDPIPER COVE
DESTIN FL 32541

81 Name

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

500 GULF SHORE DR UNIT 605

83

84

CITY DESTIN.

FL

85 Zip Code
32541

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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE ☐ DELETE
NAME SECT
STREET ADDRESS STICKELBER, MERLIN C
CITY-ST-ZIP 1157 SANDPIPER COVE
DESTIN FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 500 GULF SHORE DR UNIT 605
1.4 CITY-ST-ZIP DESTIN, FL 32541

TITLE ☐ DELETE
NAME ASTD
STREET ADDRESS WALL, DEBRA L
CITY-ST-ZIP 1157 SANDPIPER COVE
DESTIN FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 500 GULF SHORE DR UNIT 605
2.4 CITY-ST-ZIP DESTIN, FL 32541

TITLE ☐ DELETE
NAME D
STREET ADDRESS HERRERA, ANNETTE F
CITY-ST-ZIP 1601 MESUOTA DRIVE
MOBILE AL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 1601 NESHOTA DR
3.4 CITY-ST-ZIP APT #32
MOBILE, AL 36605

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS 000001841940
6.4 CITY-ST-ZIP -05/29/96--01020--0115-28-96
***61.25

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05.12.96 904.654.2099
Date Daytime Phone #

CR2E037 (12/95)