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Mar 11 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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
05/28/1996

2. Principal Place of Business

21 775 GULF SHORES DR.

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1157

Suite, Apt. #, etc.

23 DESTIN FL

27 City & State

24 32541

Country

25 OKLAHOMA

28 City & State

29 Zip

Country

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
500 GULF SHORE DRIVE
UNIT 605
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

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 12

TITLE SECT ☐ DELETE
NAME STICKELBER, MERLIN C
STREET ADDRESS 500 GULF SHORE DRIVE UNIT 605
CITY-ST-ZIP DESTIN FL 32541

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ASTD ☐ DELETE
NAME WALL, DEBRA L
STREET ADDRESS 500 GULF SHORE DRIVE
CITY-ST-ZIP DESTIN FL 32541

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME HERRERA, ANNETTE F
STREET ADDRESS 1601 NESHOTA DRIVE APT 32
CITY-ST-ZIP MOBILE AL 36605

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE *Merlin C. Stickelber* MERLIN C. STICKELBER 08.08.97

CR2E037 (9/96)