

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20708

1. Entity Name

STICKELBER CHARITABLE FOUNDATION, INC.

FILED

Apr 07, 2001 8:00 am  
Secretary of State

04-07-2001 90017 039 \*\*\*\*61.25

0018924

Principal Place of Business

5301 BEACH WALK DRIVE  
HIGHWAY 98  
DESTIN FL 32540  
US

Mailing Address

P. O. BOX 6447  
DESTIN FL 32550

2. Principal Place of Business

~~5301~~ 5104 BEACH WALK DR  
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 6447  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DESTIN FL

City & State

DESTIN FL

4. FEI Number

23-7062356

Applied For

Not Applicable

Zip

32550

Country

WALTON

Zip

32550

Country

WALTON

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STICKELBER, MERLIN C  
5301 BEACHWALK DRIVE HIGHWAY 98  
DESTIN FL 32540

CORRECTIONS

7. Name and Address of New Registered Agent

Name

STICKELBER, MERLIN C

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

5104 BEACHWALK DR. HWY 98

City

DESTIN

FL

Zip Code

32550

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME STICKELBER, MERLIN C  
STREET ADDRESS 5103 BEACHWALK DRIVE HIGHWAY 98  
CITY-ST-ZIP DESTIN FL 32540 ☐ Delete

TITLE ASD  
NAME ~~STICKELBER~~ DEBRA W correct spelling  
STREET ADDRESS 5103 BEACHWALK DRIVE HIGHWAY 98  
CITY-ST-ZIP DESTIN FL 32540 ☐ Delete

TITLE D  
NAME HERRERA, ANNETTE F  
STREET ADDRESS 7625 PARKER ROAD LOT 57  
CITY-ST-ZIP FAIRHOPE AL 36532 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME STICKELBER, DEBRA W  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I 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 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:

*Merlin C. Stickelber*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04.04.01 837.1728

CR2E037 (10/00)