

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20708

1. Entity Name

STICKELBER CHARITABLE FOUNDATION, INC.

Principal Place of Business

Mailing Address

5104 BEACHWAVE DRIVE  
DESTIN FL 32550  
US

P. O. BOX 6447  
DESTIN FL 32550

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7062356

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STICKELBER, MERLIN C  
5104 BEACHWALK DRIVE HWY 98  
DESTIN FL 32550

Name

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

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
ASD  
ASTICKELBER, DEBRA W  
5103 BEACHWALK DRIVE HIGHWAY 98  
DESTIN FL 32540 ☐ Delete

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

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

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

TITLE  
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STREET ADDRESS  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05.05.22 850-837-2728

Date

Daytime Phone #

FILED  
May 28, 2002 8:00 am  
Secretary of State

05-28-2002 91769 034 \*\*\*\*61.25

80118117



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)