

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N28542

1. Entity Name
CHARLES R. JELM CHARITABLE FOUNDATION, INC.



Principal Place of Business
9501 ALLEN DRIVE
CLEVELAND, OH 44125

Mailing Address
9501 ALLEN DRIVE
CLEVELAND, OH 44125

DO NOT WRITE IN THIS SPACE



04182006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0122428
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KELLY, PETER J ESQ.
100 S. ASHLEY DRIVE, SUITE 1300
TAMPA, FL 33602

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GLENN, CAMILLA JELM
430 E. PACKWOOD AVE., STE. G205
MAITLAND, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CICEK, ROBERT J.
857 HARDWOOD DR
GATES MILLS, OH 44040

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JELM, CHERYL A.
2339 BIRCH ST
DENVER, CO 80207

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JELM, CHARLES L.
2574 YELLOW CREEK RD.
AKRON, OH

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JELM, BARBARA A.
431-7 CHANDLER DR
AURORA, OH 44202

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000548953
05/12/06-80081-005 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Robert J. Cicek DIRECTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-06 216-642-9600
Date Daytime Phone #

Robert J. Cicek