

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 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**



01092007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GLENN, CAMILLA JELM
STREET ADDRESS	430 E. PACKWOOD AVE., STE. G205
CITY-ST-ZIP	MAITLAND, FL
TITLE	D
NAME	CICEK, ROBERT J.
STREET ADDRESS	857 HARDWOOD DR
CITY-ST-ZIP	GATES MILLS, OH 44040
TITLE	D
NAME	JELM, CHERYL A.
STREET ADDRESS	2339 BIRCH ST
CITY-ST-ZIP	DENVER, CO 80207
TITLE	D
NAME	JELM, CHARLES L.
STREET ADDRESS	2574 YELLOW CREEK RD.
CITY-ST-ZIP	AKRON, OH
TITLE	D
NAME	JELM, BARBARA A.
STREET ADDRESS	431-7 CHANDLER DR
CITY-ST-ZIP	AURORA, OH 44202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/31/07-80038-005 61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert J. CICEK

1-26-2007