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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004363 (5)

1. Corporation Name

THE ERIC STACK, JULIE DEAN & MELISA BOOKHARDT ME
MORIAL FOUNDATION, INC.

Principal Place of Business

Mailing Address

525 STRAWBRIDGE AVENUE
MELBOURNE FL 32901

525 STRAWBRIDGE AVENUE
MELBOURNE FL 32901-4705



3. Date Incorporated or Qualified
08/19/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

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

LAZENBY, ROBERT A ESQ.
525 STRAWBRIDGE AVENUE
MELBOURNE FL 32901

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 D ☐ DELETE
NAME STACK, SUSAN
STREET ADDRESS 525 STRAWBRIDGE AVENUE
CITY-ST-ZIP MELBOURNE FL 32901

11 TITLE Feiler, Michael B. Esq. ☐ Change ☒ Addition
12 NAME (Director)
13 STREET ADDRESS 3929 Ponce de Leon Blvd.
14 CITY-ST-ZIP Coral Gables FL 33134

TITLE D ☐ DELETE
NAME SCATTERGOOD, MARY
STREET ADDRESS 525 STRAWBRIDGE AVENUE
CITY-ST-ZIP MELBOURNE FL 32901

21 TITLE Treas./Director ☐ Change ☒ Addition
22 NAME SUSAN BOBBY
23 STREET ADDRESS 3929 Ponce de Leon Blvd.
24 CITY-ST-ZIP Coral Gables FL 33134

TITLE D ☒ DELETE
NAME BOOKHARDT, CINDY
STREET ADDRESS 525 STRAWBRIDGE AVENUE
CITY-ST-ZIP MELBOURNE FL 32901

31 TITLE Secy./Director ☐ Change ☒ Addition
32 NAME BARBARA C. BENITEZ
33 STREET ADDRESS 3929 Ponce de Leon Blvd.
34 CITY-ST-ZIP Coral Gables FL 33134

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 changing to or an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0018418

M. Feiler, Director

3/5/97

305 443 3329

CR2E037 (9/96)