

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005219 (8)**
1. Corporation Name

SUSAN HITZLER SCHELL FOUNDATION, INC.



Principal Place of Business 449 SPRINGLAKE DRIVE MELBOURNE FL 32940	Mailing Address 449 SPRINGLAKE DRIVE MELBOURNE FL 32940
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3. Date Incorporated or Qualified
10/07/1996

4. FEI Number 59-3408501	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSON, WILLIAM A
6767 N. WICKHAM RD., STE. 400F
MELBOURNE FL 32940**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	FL

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

TITLE	DP	<input type="checkbox"/> DELETE
NAME	HITZLER, LEILA J	
STREET ADDRESS	449 SPRINGLAKE DRIVE	
CITY - ST - ZIP	MELBOURNE FL 32940	

TITLE	DVST	<input type="checkbox"/> DELETE
NAME	HITZLER, HOWARD F	
STREET ADDRESS	449 SPRINGLAKE DRIVE	
CITY - ST - ZIP	MELBOURNE FL 32940	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SHELL, JASON M	
STREET ADDRESS	37 WEAPONS COMPANY, 1ST MARINE DIVISION	
CITY - ST - ZIP	29 PALMS CA 92278	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LEILA J HITZLER	
1.3 STREET ADDRESS	449 SPRING LAKE DR	
1.4 CITY - ST - ZIP	MELBOURNE FL 32940	

2.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HOWARD F HITZLER	
2.3 STREET ADDRESS	449 SPRING LAKE DR	
2.4 CITY - ST - ZIP	MELBOURNE FL 32940	

3.1 TITLE	DPP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JASON M SHELL	
3.3 STREET ADDRESS	U BOX 60315 F.S.U.	
3.4 CITY - ST - ZIP	TALLAHASSEE FL 32313	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. 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 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 changed, or on an attachment with an address.

SIGNATURE:

Howard F. Hitzler

4/15/98

407-259-1036

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (10/97)