NICEVILLE, F				
Current Ma	ling Address:			
950 BAY DF NICEVILLE,	RIVE FL 32578 US			
FEI Number: 26-0873610		Certificate of Status Desired: No		
Name and A	Address of Current Registered Agent:			
34 WALTER M	CLEAVELAND & GUND ARTIN ROAD N BEACH, FL 32548 US			
The above name	d entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of Florida.	
	d entity submits this statement for the purpose of changing its regise: NICOLE FIFE	stered office or regis		3/14/2018
		stered office or regis		
SIGNATURI	E: NICOLE FIFE	stered office or regis		3/14/2018
SIGNATURI	E: NICOLE FIFE Electronic Signature of Registered Agent	stered office or regis		3/14/2018
SIGNATURI Officer/Dire	E: NICOLE FIFE Electronic Signature of Registered Agent ctor Detail :		03	3/14/2018
SIGNATURI Officer/Dire	E: NICOLE FIFE Electronic Signature of Registered Agent Ctor Detail : TRUSTEE	Title	00 TRUSTEE	3/14/2018
SIGNATURI Officer/Dire Title Name	E: NICOLE FIFE Electronic Signature of Registered Agent Ctor Detail : TRUSTEE SHANKLIN, BERNICE R 950 BAY DRIVE	Title Name	03 TRUSTEE SHANKLIN, CHARLES R. 950 BAY DRIVE	3/14/2018
SIGNATURI Officer/Dire Title Name Address	E: NICOLE FIFE Electronic Signature of Registered Agent Ctor Detail : TRUSTEE SHANKLIN, BERNICE R 950 BAY DRIVE	Title Name Address	03 TRUSTEE SHANKLIN, CHARLES R. 950 BAY DRIVE	3/14/2018
SIGNATURI Officer/Dire Title Name Address City-State-Zip:	E: NICOLE FIFE Electronic Signature of Registered Agent Ctor Detail : TRUSTEE SHANKLIN, BERNICE R 950 BAY DRIVE NICEVILLE FL 32578	Title Name Address City-State-Zip:	03 TRUSTEE SHANKLIN, CHARLES R. 950 BAY DRIVE NICEVILLE FL 32578	3/14/2018

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHANKLIN, CHARLES R

ORLANDO FL 32802

BROOKS, JEAN C. 7687 HIGHWAY 393

TRUSTEE

City-State-Zip: LAUREL HILL FL 32567

City-State-Zip:

Title

Name

Address

Electronic Signature of Signing Officer/Director Detail

TRUSTEE

City-State-Zip: VICTOR MT 59875

#### 03/14/2018

Date

### **FILED** Mar 14, 2018 **Secretary of State** CC8538306166

# 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# N0700008858

Entity Name: BERNICE R. SHANKLIN CHARITABLE FOUNDATION, INC.

## **Current Principal Place of Business:**

950 BAY DRIVE