

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006548

FILED  
Apr 26, 2007  
Secretary of State

**Entity Name:** THE STACI STEPHENS FUND, INC.

**Current Principal Place of Business:**

14594 DOVER FOREST DRIVE  
ORLANDO, FL 32828

**New Principal Place of Business:**

**Current Mailing Address:**

14594 DOVER FOREST DRIVE  
ORLANDO, FL 32828

**New Mailing Address:**

**FEI Number:** 56-2594151

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STEPHENS, KRISTEN  
14594 DOVER FOREST DRIVE  
ORLANDO, FL 32828 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: STEPHENS, KRISTEN  
Address: 14594 DOVER FOREST DRIVE  
City-St-Zip: ORLANDO, FL 32828

Title: VP ( ) Delete  
Name: BECKMAN, MICHELLE  
Address: 10600 BLOOMFIELD DRIVE #313  
City-St-Zip: ORLANDO, FL 32825

Title: S ( ) Delete  
Name: WEBER, BARBARA  
Address: 14594 DOVER FOREST DRIVE  
City-St-Zip: ORLANDO, FL 32828

Title: T ( ) Delete  
Name: ARCHER, PHIL  
Address: 3058 FOLSOM ROAD  
City-St-Zip: MIMS, FL 32754

Title: D ( ) Delete  
Name: STEPHENS, BARRY  
Address: 14594 DOVER FOREST DRIVE  
City-St-Zip: ORLANDO, FL 32828

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KRISTEN STEPHENS

PRES

04/26/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date