2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# N06000006548

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:

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

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: KRISTEN E. STEPHENS 04/28/2008
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: S (X) Change ( ) Addition
Name: WEBER, BARBARA
Address: 4985 PANTHER LN
City-St-Zip: MIMS, FL 32754

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 P 04/28/2008
Electronic Signature of Signing Officer or Director Date