

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90121 017 \*\*\*\*61.25

**DOCUMENT # 713399**  
1. Entity Name  
**IDA M. STEVENS FOUNDATION, INC.**



Principal Place of Business: **4595 LEXINGTON AVE., SUITE #100  
P O BOX 7691  
JACKSONVILLE FLA 32210  
US**

Mailing Address: **PO BOX 7691  
JACKSONVILLE FL 32238  
US**

FILED  
24072884



MOORE CR2E037 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

4. FEI Number: **59-1746148**

Applied For:  Not Applicable

Zip: Country

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

**6. Name and Address of Current Registered Agent**

**MILNE, DOUGLAS J.  
4595 LEXINGTON AVE.  
JACKSONVILLE FL 32210**

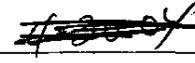
**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City: **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: 

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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

**Make Check Payable to  
Florida Department of State**

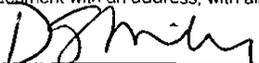
**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD LEMMEL, DAVID 1303 PULLEN RD JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ASHBY, C.L.G. 1604 STOCKTON STREET JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDV MILNE, D J 4595 LEXINGTON AVE #100 JACKSONVILLE, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HIGHTOWER, B. W. 1514 NIRA STREET JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **5/4-30-04**

Daytime Phone #