

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90379 020 \*\*\*\*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

14012031



04272005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-1746148

Applied For

Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE  
IN THIS SPACE**

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:**

*DJ Milne* *DJ MILNE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/05 904.387.5400