


**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.	
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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
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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 <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

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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* *4/29/05* *904.387.5400*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #