


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

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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04172006 No Chg-NP CR2E037 (11/05)

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
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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 _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	

U00000551200
05/13/06-80092-005 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 4/28/06 904.387.5400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #