


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90013 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
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DO NOT WRITE IN THIS SPACE



03072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1746148	Applied For Not Applicable
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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**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

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 4499 LINAKIN LANE JACKSONVILLE, FL 32204 FERNANDINA BEACH FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ASHBY, C.L.G. 1604 STOCKTON STREET 1637 Beach Ave JACKSONVILLE, FL 32203 Atlantic Bch, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDV MILNE, D J 4595 LEXINGTON AVE #100 JACKSONVILLE, FL 32210 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HIGHTOWER, B. W. 1514 NIRA STREET JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *D. Milne* **D. MILNE** *4/30/08* **4/30/08** *904.387.5400* **904.387.5400**

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