

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

**FILED**  
**Mar 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000000006**

1. Entity Name  
**FESTUS & HELEN STACY FOUNDATION, INC.**



Principal Place of Business  
**5110 N FEDERAL HWY  
FT. LAUDERDALE, FL 33308**

Mailing Address  
**701 E COMMERCIAL BV  
301  
FORT LAUDERDALE, FL 33334**



03112005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**31-1706311**

Applied For  
Not Applicable

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

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

**STPELTON, DOUGLAS  
5110 N FEDERAL HWY  
FT. LAUDERDALE, FL 33308**

**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

**U00000263333  
03/14/05-80091-016 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME STEPELTON, DOUGLAS  
STREET ADDRESS 5110 N FEDERAL HWY  
CITY-ST-ZIP FT. LAUDERDALE, FL 33308

TITLE D  
NAME STEPELTON, BRETT S  
STREET ADDRESS 5110 N FEDERAL HWY  
CITY-ST-ZIP FT. LAUDERDALE, FL 33308

TITLE STD  
NAME STEPELTON, VIRLEE STACY  
STREET ADDRESS 5110 N FEDERAL HWY  
CITY-ST-ZIP FT. LAUDERDALE, FL 33308

TITLE D  
NAME STEPELTON, SEAN D  
STREET ADDRESS 5110 N FEDERAL HWY  
CITY-ST-ZIP FT. LAUDERDALE, FL 33308

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #