

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # N00000000006

1. Entity Name

FESTUS & HELEN STACY FOUNDATION, INC.



Principal Place of Business

5110 N FEDERAL HWY
SUITE 100
FT. LAUDERDALE, FL 33308

Mailing Address

701 E COMMERCIAL BV
301
FORT LAUDERDALE, FL 33334



04052007 No Chg-NP

CR2E037 (4/06)

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 A
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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

TITLE D
NAME STELTON, 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

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IN THIS SPACE**

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04/25/07-80033-003 61.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/07

954-776-3386