## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # N00000001477**

1. Entity Name

STACY FOUNDATION BUILDING, INC.



Principal Place of Business

5110 N. FEDERAL HWY. FT. LAUDERDALE, FL 33308 Mailing Address

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

## FILED Mar 26, 2004 08:00 AM Secretary of State



01072004 No Chg-NP

CR2E037 (10/03)

4. FEI Number 65-1027392 Applied For Not Applicable

5. Certificate of Status Desired \_

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEPELTON, DOUGLAS 5110 N. FEDERAL HWY. FT. LAUDERDALE, FL 33308

## DO NOT WRITE IN THIS SPACE

	IN THIS SPAC			I FIIS SPACE			
8. The above the obligation	named entity submits this statement for the tions of registered agent.	purpose of changing its registered of	lfice or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and title	If applicable. (NOTE, Registered Age	ni signalun	required when reinstaling)	DATE		
	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution.	<b>"</b> 🗆	\$5.00 May Be Added to Fees	U00000096969 03/26/04-80020-002 61.25		
10. OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPELTON, DOUGLAS 5110 N. FEDERAL HWY. FT. LAUDERDALE, FL 33308						
TITLE NAME STREET ADDRESS CITY-ST-JIP	D STEPELTON, BRETT S 5110 N. FEDERAL HWY. FT. LAUDERDALE, FL 33308						
TITLE MAME STREET ADDRESS CITY-ST-ZIP	D STEPELTON, VIRLEE STACY 5110 N. FEDERAL HWY. FT. LAUDERDALE, FL 33308			DO	DO NOT WRITE		
TITLE NAME STREET ADDRESS CRY-SY-ZIP	D STEPELTON, SEAN D 5110 N. FEDERAL HWY. FT. LAUDERDALE, FL 33308		IN THIS SPACE				
TITLE NAME STREET ADDRESS GITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY - ST - ZIP					· .		

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119,07(3)(i), Florida Statutes. If 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:

SIGNATORY AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORY AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORY