

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
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95 MAY -1 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N22825** (6)  
1. Corporation Name  
**THE ELIDA STEPHENSON FOUNDATION, INC.**

Principal Place of Business Mailing Address

PO BOX 688 C/O NORMAN H. STEPHENSON LAKE BUTLER FL 32054-0688

PO BOX 688 C/O NORMAN H. STEPHENSON LAKE BUTLER FL 32054-0688

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/05/1987** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2859618** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt #, etc 26 Suite, Apt #, etc

22 City & State 27 City & State

23 City 28 City 29 State 30 State

9. Name and Address of Current Registered Agent

**STEPHENSON, NORMAN H.  
650 S.E. 2ND STREET  
PO BOX 688  
LAKE BUTLER FL 32054-0688**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P O Box Number is Not Acceptable)

83

84 City 85 State 86 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEPHENSON, NORMAN H.</b>	12 NAME	
STREET ADDRESS	<b>650 SE 2ND STREET</b>	13 STREET ADDRESS	
CITY ST ZIP	<b>LAKE BUTLER FL</b>	14 CITY ST ZIP	
TITLE	<b>D</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEPHENSON, EDWARD JOE</b>	22 NAME	
STREET ADDRESS	<b>650 SE 2ND STREET</b>	23 STREET ADDRESS	
CITY ST ZIP	<b>LAKE BUTLER FL</b>	24 CITY ST ZIP	
TITLE	<b>D</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEPHENSON, ROXANNE</b>	32 NAME	
STREET ADDRESS	<b>650 SE 2ND STREET</b>	33 STREET ADDRESS	
CITY ST ZIP	<b>LAKE BUTLER FL</b>	34 CITY ST ZIP	
TITLE	<b>D</b>	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOUGLASS, JO ANN</b>	42 NAME	
STREET ADDRESS	<b>650 SE 2ND STREET</b>	43 STREET ADDRESS	
CITY ST ZIP	<b>LAKE BUTLER FL</b>	44 CITY ST ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *NH Stephenson* **5-1-95**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date