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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22825

1. Corporation Name

THE ELIDA STEPHENSON FOUNDATION, INC.

Principal Place of Business

P.O. BOX 376
C/O NORMAN H. STEPHENSON
LAKE BUTLER FL 32054-0688
US

Mailing Address

P.O. BOX 376
C/O NORMAN H. STEPHENSON
LAKE BUTLER FL 32054-0688
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 32054-0376 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 32054-0376 29 Country

3. Date Incorporated or Qualified

10/05/1987

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

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 P.O. Box 376

84 City

85 Zip Code
FL 32054-0376

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D [] DELETE
NAME STEPHENSON, NORMAN H.
STREET ADDRESS 650 SE 2ND STREET
CITY-ST-ZIP LAKE BUTLER FL

TITLE D [] DELETE
NAME STEPHENSON, EDWARD JOE
STREET ADDRESS 650 SE 2ND STREET
CITY-ST-ZIP LAKE BUTLER FL

TITLE D [] DELETE
NAME STEPHENSON, ROXANNE
STREET ADDRESS 650 SE 2ND STREET
CITY-ST-ZIP LAKE BUTLER FL

TITLE D [] DELETE
NAME DOUGLASS, JO ANN
STREET ADDRESS 650 SE 2ND STREET
CITY-ST-ZIP LAKE BUTLER FL

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE [] Change [] Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: [Signature] REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 FEB 99

Date

Daytime Phone #

CR2E037 (1/198)