

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 06, 2006
Secretary of State**

DOCUMENT# N22825

Entity Name: THE ELIDA STEPHENSON FOUNDATION, INC.

Current Principal Place of Business:

P.O. BOX 376
C/O NORMAN H. STEPHENSON
LAKE BUTLER, FL 320540376 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 376
C/O NORMAN H. STEPHENSON
LAKE BUTLER, FL 320540376 US

New Mailing Address:

FEI Number: 59-2859618 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEPHENSON, NORMAN H.
650 S.E. 2ND STREET
PO BOX 376
LAKE BUTLER, FL 320540376 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STEPHENSON, NORMAN H, .
Address: 650 SE 2ND STREET
City-St-Zip: LAKE BUTLER, FL 32054

Title: D () Delete
Name: STEPHENSON, EDWARD J, OE
Address: 650 SE 2ND STREET
City-St-Zip: LAKE BUTLER, FL 32054

Title: D () Delete
Name: STEPHENSON, ROXANNE,
Address: 650 SE 2ND STREET
City-St-Zip: LAKE BUTLER, FL 32054

Title: D () Delete
Name: DOUGLASS, JO ANN,
Address: 650 SE 2ND STREET
City-St-Zip: LAKE BUTLER, FL 32054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN H STEPHENSON

Electronic Signature of Signing Officer or Director

MR

03/06/2006

Date