

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23000013913

**Entity Name:** THE STEVENS FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

14541 HOPE CENTER LOOP, SUITE 200  
FORT MYERS, FL 33912

**Current Mailing Address:**

14541 HOPE CENTER LOOP, SUITE 200  
FORT MYERS, FL 33912

**FEI Number: 93-4508158**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GSK REGISTERED AGENTS, INC  
1380 ROYAL PALM SQUARE BOULEVARD  
FORT MYERS, FL 33919 US

*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

**Officer/Director Detail :**

Title DPST  
Name STEVENS, MARK A  
Address 14541 HOPE CENTER LOOP, SUITE 200  
City-State-Zip: FORT MYERS FL 33912

Title D VP  
Name STEVENS, NICOLE L  
Address 14541 HOPE CENTER LOOP, SUITE 200  
City-State-Zip: FORT MYERS FL 33912

Title D VP  
Name LAQUIS, NATHANIEL S  
Address 14541 HOPE CENTER LOOP, SUITE 200  
City-State-Zip: FORT MYERS FL 33912

*I hereby 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 all other like empowered.*

**SIGNATURE: NICOLE L STEVENS**

**VP**

**01/17/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date