

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000006790

1. Entity Name
ELSTON FAMILY FOUNDATION, INC.



Principal Place of Business
C/O SIDNEY ELSTON
88 NOTCH HILL RD #369
N BRANFORD, CT 06471

Mailing Address
2430 BENT TWIG
JOHNS ISLAND, SC 29455



05102008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
65-0975468

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PRATT, DAVID
DAVID PRATT AND ASSOCIATES, P.A.
2101 CORPORATE BLVD, STE 220
BOCA RATON, FL 33431

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 12, 2008

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

000000950994
06/04/08-80013-019 61.25

10. OFFICERS AND DIRECTORS

TITLE D
NAME ELSTON, SIDNEY
STREET ADDRESS 88 NOTCH HILL RD #369
CITY-ST-ZIP N BRANFORD, CT 06471

TITLE D
NAME MEASTER, BARBARA P
STREET ADDRESS 2430 BENT TWIG
CITY-ST-ZIP JOHNS ISLAND, SC 29455

TITLE D
NAME ELSTON, STEPHEN
STREET ADDRESS 1326 OXFORD ST
CITY-ST-ZIP BERKELEY, CA 94709

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Barbara P. Measter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08

843-768-2520

Date

Daytime Phone #