

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 10, 2004 8:00 am
Secretary of State

08-10-2004 90004 023 ****61.25

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

%BARBARA PERDIVE MEASTER
266 WEED ST
NEW CANAAN, CT 06840

24079478



07282004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0975468

Applied For
Not Applicable

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

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

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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

Barbara P Measter

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

(NOTE: Registered Agent signature required when registering)

DATE

8/8/04

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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 266 WEED ST
CITY-ST-ZIP NEW CANAAN, CT 06840

TITLE D
NAME ELSTON, STEPHEN
STREET ADDRESS 506 RTE DUMANEMENT La Cribelle
CITY-ST-ZIP 1282 BARBAGNY, SWITZERLAND, MA-CH 1261 Burtigny
Switzerland

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 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

8/04/04
Date

Daytime Phone #