


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90137 044 ****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 <i>Perdige</i> %BARBARA PERDIVE MEASTER 266 WEED ST NEW CANAAN, CT 06840
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04062005 Chg-NF CR2E037 (1-1)

4. FEI Number
65-0975468

5. Certificate of Status Desired ☐ **58**

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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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Applicable)	
City, State, Zip	

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 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 May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of Banking
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. ELSTON, SIDNEY 88 NOTCH HILL RD #369 N BRANFORD, CT 06471 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. MEASTER, BARBARA P. 266 WEED ST NEW CANAAN, CT 06840 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. ELSTON, STEPHEN LA CRIBLETTE CH 1268 BURTIGNY SWITZERLAND. <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	La Criblette CH 1268 Burtigny. <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>

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 a director or officer 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 the report, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *B. P. Measter*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR