

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000001974

1. Corporation Name

STEVEN R. HALL EVANGELISTIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3674 SAN VISCAYA DRIVE JACKSONVILLE FL 32217 3674 SAN VISCAYA DRIVE JACKSONVILLE FL 32217

FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90005 015 ****61.25



Principal Place of Business						3. Date Incorporated or Qualifed 04/01/1998				
21		26				4. FEI Number			0 - 4 F	
Suite, Ap		<u> </u>	Suite, Apt. #, etc.				>		lied For Applicable	
22		27		≒ .		59-350431				
City & St.	eate .	City & State	¬ '			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
Zip	Country	Zip	p Count			6. Election Campaign Financing	П	\$5.00	Aay Be	
24	25	29	30			Trust Fund Contribution	<u>—</u>	Added to	Fees	
	9. Name and Address of Curren	nt Røgistered Agent		L.		10. Name and Address of New Re	gistere	d Agent		
i				81	Name					
HALL, STEVEN R					Street Add	dress (P.O. Box Number is Not Acceptat	ole)			
3674 SAN VISCAYA DRIVE										
JACKSONVILLE FL 32217										
9, 10, 100				84	City			85 Zip C	ode	
				"	City		F			
office or	r registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was ations of, Section 617.0503, I	s authorized Florida Stat	d by Lutes.	the corpora	poration submits this statement for the p tion's board of directors. I hereby accept	the app	ointment as reg	istered	
40	Signature, typed or printed name of registered age		OTE: Registered		nt signature requi	red when reinstating) ADDITIONS/CHANGES TO OFF		NO DIRECTO	S IN 12	
12.		ND DIRECTORS				ADDITIONO INTOLO TO OFF		Change	☐ Addition	
TITLE	D CONTRACTOR		1.1 TI		1					
NAME	HALL, STEVEN R		1.2 N							
STREET ADDRES					TADDRESS					
CITY-ST-ZJP	JACKSONVILLE FL 32217	□ pri ett		πγ-\$1	T- ZIP			☐ Change	☐ Addition	
TITLE	D DELETE			2.1 TITLE				□] ∧ııqıığa	Audition	
NAME	CORLEY, TED	•	2.2 N							
STREET ADDRES	l l				TADORESS					
CITY-ST-ZIP	JACKSONVILLE FL 32207				T-21P			Change	Addition	
· iiiLE· _	D DELETE			3.1 TITLE				Change	☐ Addition	
NAME	MCINTYRE, HOWARD		3.2 N	-)					
STREET ADDRES		il north	3.3 8	TREET	TADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32244				T-ZIP			Change	Addition	
TITLE		☐ DELETE	4.1 Ti				•	☐ Change	L. Addison	
NAME			4. 2 N							
STREET ADDRES	ss		4.3 S	TREET	TADDRESS					
CITY-ST-ZIP				ITY-S	T-ZIP				[A 4 4 14 1	
TITLE		☐ DELETE	5.1 Ti					Change	Addition Addition	
NAME			5.2 N		· · · }					
STREET ADDRES	ss				T ADDRESS					
CITY-ST-ZIP				ITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 T	TLE	}		•	☐ Change	☐ Addition	
NAME			6.2 N	AME	-					
STREET ADDRES	ss		6.3 S	TREET	TADDRESS					
CITY ST-78P	1		6.4 C	กษร	T-ZIP					

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on a pattachment with an address, with all other like empowered.

SIGNATURE:

TUNEARD TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/99 (904) 733-1422 Daylife Phone # R2E037 (11/98)