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FILED

Feb 14 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 723029 (5)

1. Corporation Name

SAINT STEPHEN'S CHURCH

Principal Place of Business

5326 CHARLES STREET  
NEW PORT RICHEY FL 34652

Mailing Address

5326 CHARLES STREET  
NEW PORT RICHEY FL 34652-3806

3. Date Incorporated or Qualified

03/30/1972

3a. Date of Last Report

03/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

29

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9. Name and Address of Current Registered Agent

SNOW, HUGH W  
1011 OLD ORCHARD LN  
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MAGILL, WILLIAM H	
STREET ADDRESS	5410 CHARLES ST	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	LEE, MARGUERITE	
STREET ADDRESS	11722 LA MADERA BLVD. #101	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SNOW, HUGH	
STREET ADDRESS	10111 OLD ORCHARD LN	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HALL, JAMES	
STREET ADDRESS	8717 WOODMONT LN	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEUEL, DONALD	
STREET ADDRESS	6212 SAPPHIRE DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MANSUR, RICHARD W	
1.3 STREET ADDRESS	3914 BEACON SQUARE DR	
1.4 CITY-ST-ZIP	HOLIDAY FL	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CHAMBERS, DAN	
2.3 STREET ADDRESS	4135 TOPSAIL DR	
2.4 CITY-ST-ZIP	NEW PORT RICHEY FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WALLACE, ARTHUR	
4.3 STREET ADDRESS	4015 GLISSADE DR	
4.4 CITY-ST-ZIP	NEW PORT RICHEY 34652	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or agent: Hugh Snow

2/11/97

(813) 862-8121

CP2E037 (9/96)