


FILE NOW: FILING FEE IS \$61.25

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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90148 020 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 723029					
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		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/30/1972	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1282207	
24 Country		29 Country		30 Country	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Election Campaign Financing <input type="checkbox"/>				\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SNOW, HUGH W 1011 OLD ORCHARD LN PORT RICHEY FL 34668 (delete above name)				Florence C. Holden 12522 Coffee Hill Row Bayonet Point, FL. 34667-2405			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83 BAYONET POINT, FL.				84 34667-2405			
85 FL				86 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 Florence C. Holden, Treasurer February 1/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input type="checkbox"/> DELETE NAME DAGE, RAYMOND E STREET ADDRESS 5410 CHARLES ST CITY-ST-ZIP NEW PT RICHEY FL				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME DAGE, RAYMOND E. 1.3 STREET ADDRESS 5410 CHARLES ST. 1.4 CITY-ST-ZIP NEW PORT RICHEY, FL. 34652			
TITLE <input checked="" type="checkbox"/> DELETE NAME CHAMBERS, DAN STREET ADDRESS 4135 TOPSAIL DR CITY-ST-ZIP NEW PORT RICHEY FL				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME DORIS JOENKINS 2.3 STREET ADDRESS 8408 VILLAGE MILL ROW 2.4 CITY-ST-ZIP BAYONET POINT, FL. 34667			
TITLE <input checked="" type="checkbox"/> DELETE NAME SNOW, HUGH STREET ADDRESS 10111 OLD ORCHARD LN CITY-ST-ZIP NEW PORT RICHEY FL				3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME FLORENCE C. HOLDEN 3.3 STREET ADDRESS 12522 COFFEE HILL ROW 3.4 CITY-ST-ZIP BAYONET POINT, FL. 34667			
TITLE <input checked="" type="checkbox"/> DELETE NAME WALLACE, ARTHUR STREET ADDRESS 4015 GLISSADE DR CITY-ST-ZIP NEW PORT RICHEY FL				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME CHAMBERS, DAN 4.3 STREET ADDRESS 4135 TOPSAIL DR. 4.4 CITY-ST-ZIP NEW PORT RICHEY, FL. 34652			
TITLE <input checked="" type="checkbox"/> DELETE NAME DEUEL, DONALD STREET ADDRESS 6212 SAPPHERE DRIVE CITY-ST-ZIP NEW PORT RICHEY FL				5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME GAUSS, VERNON 5.3 STREET ADDRESS 14251 CORNEWALL LANE 5.4 CITY-ST-ZIP SPRING HILL, FL. 34609			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 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, with all other like empowered.

SIGNATURE: Florence C. Holden 2/1/99 727-863-4270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)