

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90078 029 ****61.25

DOCUMENT # 723029

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1282207

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLDEN, FLORENCE C
7256 CARLTON ARMS DR.
APT. C
NEW PORT RICHEY FL 34653

Name

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

City

FL

Zip Code

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

Florence C. Holden

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/9/06

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME DAGE, RAYMOND E
STREET ADDRESS 5909 RIDDLE ROAD
CITY-ST-ZIP HOLIDAY FL 34690

TITLE S ☐ Delete
NAME JENKINS, DORIS
STREET ADDRESS 3903 STAYSAIL LANE
CITY-ST-ZIP HOLIDAY FL 34691

TITLE T ☐ Delete
NAME HOLDEN, FLORENCE C
STREET ADDRESS 7256 CARLTON ARMS DR, APT C
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE D ☒ Delete
NAME SHU, MICHAEL
STREET ADDRESS 2633 HAWK ROOST COURT
CITY-ST-ZIP HOLIDAY FL 34691

TITLE D ☐ Delete
NAME BURNHAM, HORACE
STREET ADDRESS 6148 CECELIA DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Coates, Norman
STREET ADDRESS 2704 Casa Drive
CITY-ST-ZIP New Port Richey, FL 34655

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Florence C. Holden

2/9/06