2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other-life empowers

SIGNATURE:

Apr 05, 2007 8:00 am Secretary of State **DOCUMENT #714076** 04-05-2007 90145 031 ****61.25 ST. STEPHEN PRESBYTERIAN CHURCH, INC. Principal Place of Business Mailing Address 8601 LAKE UNDERHILL ROAD 8601 LAKE UNDERHILL ROAD ORLANDO, FL 32825 ORLANDO, FL 32825 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03182007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 59-1853136 Not Applicable Zip Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HEFFNER, DOUG Street Address (P.O. Box Number is Not Acceptable) 7423 NOLTON WAY ORLANDO, FL 32822 City Zio Code 6. 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 Signature, typed or printed name of registered agent and title 4 applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ¥20 T TILE Delete TITLE ■ Addition ☐ Change HARTSHORN, TOM MAME NAME STREET ADDRESS 3 MADEIRA AVE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32825 CITY-ST-ZIP TITLE Delete TITE F ☐ Change **Addition** DAHLQUIST, MARTHA CARMAN ESPOSITA NAME NAME 913 DREPSEN HOOK DR STREET ADDRESS 5230 SAN PAULO STREET ADDRESS CITY-ST-7IP ORLANDO, FL 32807 CITY-ST-7IP ORLANDO, FL 32825 TITLE # YPT ☐ Delete TILE ☐ Change ☐ Addition MITCHELL, CAROLYN NAME NAME STREET ADDRESS 869 RIVERBOAT CIR STREET ADDRESS ORLANDO, FL 32828 CITY ST ZIP CITY ST ZIP DILE Z Delete TITLE Addition PARR LAVOIEIST, MARK ROBERT NAME NAME 9219 SONIA ST STREET ADDRESS 1333 BONNEAU BLVD. STREET ADDRESS CHRISTMAS, FL 32707 CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32825 TITLE Delete TITLE ☐ Change Addition CHARLES SHEAVES MOBLEY, DUAL NAME NAME 10113 ANDOVER POINT CIRCLE 10432 AN DOVER POINT CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32825 CITY-ST-ZIP ORLANDO, FL 32825 TOTALE ☐ Delete TITLE ☐ Change X Addition JANICE RONEY 547 PIGEON CIR NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZEP DRLANDO, FL 32825 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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

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