

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90035 037 ****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	4. FEI Number 59-1282207	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HOLDEN, FLORENCE C 12522 COFFEE HILL ROW 7256 Carlton Arms Dr. HUDSON, FL 34667 Apt. C XXXXXXXXXX New Port Richey, FL 34653				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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				DATE 3-30-04	
Filing Fee is \$81.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAGE, RAYMOND E		NAME		
STREET ADDRESS	5909 RIDDLE ROAD		STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY, FL 34690		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JENKINS, DORIS		NAME		
STREET ADDRESS	8408 VILLAGE MILL ROW		STREET ADDRESS		
CITY-ST-ZIP	HUDSON, FL 34667		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLDEN, FLORENCE C		NAME		
STREET ADDRESS	12522 COFFEE HILL ROW		STREET ADDRESS		
CITY-ST-ZIP	BAYONET POINT, FL 34667		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DEUEL, DONALD		NAME	Ferguson, John	
STREET ADDRESS	6212 SAPPHIRE DRIVE		STREET ADDRESS	10740 Central Park Ave.	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653		CITY-ST-ZIP	New Port Richey, FL 34655	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GRAF, HENRY		NAME	Wallace, Barbara	
STREET ADDRESS	1809 RIVEREDGE DRIVE		STREET ADDRESS	4015 Glissade Drive	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP	New Port Richey, FL 34652	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 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:				DATE 3/30/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					