

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723029

FILED  
Mar 06, 2009  
Secretary of State

Entity Name: SAINT STEPHEN'S CHURCH

## Current Principal Place of Business:

5326 CHARLES STREET  
NEW PORT RICHEY, FL 34652

## New Principal Place of Business:

## Current Mailing Address:

5326 CHARLES STREET  
NEW PORT RICHEY, FL 34652

## New Mailing Address:

FEI Number: 59-1282207

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

HOLDEN, FLORENCE C  
7448 MAHAFFEY DRIVE  
APT. A  
NEW PORT RICHEY, FL 34653 US

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.

SIGNATURE:

03/06/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DAGE, RAYMOND E  
Address: 5909 RIDDLE ROAD  
City-St-Zip: HOLIDAY, FL 34690

Title: S ( ) Delete  
Name: JENKINS, DORIS  
Address: 3903 STAYSAIL LANE  
City-St-Zip: HOLIDAY, FL 34691

Title: T ( ) Delete  
Name: HOLDEN, FLORENCE C  
Address: 7256 CARLTON ARMS DR, APT C  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D ( ) Delete  
Name: HILLEMANN, GLENNA  
Address: 9711 VIA SEGOVIA  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D ( ) Delete  
Name: FISHER, JEFFREY  
Address: 6106 MADERIA AVE  
City-St-Zip: NEW PORT RICHEY, FL 34653

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DAGE, RAYMOND E REV  
Address: 5909 RIDDLE ROAD  
City-St-Zip: HOLIDAY, FL 34690

Title: S (X) Change ( ) Addition  
Name: JENKINS, DORIS MRS  
Address: 3903 STAYSAIL LANE  
City-St-Zip: HOLIDAY, FL 34691

Title: T (X) Change ( ) Addition  
Name: HOLDEN, FLORENCE C MRS  
Address: 7448 MAHAFFEY DRIVE APT A  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D (X) Change ( ) Addition  
Name: AYLWARD, KATHLEEN MRS  
Address: 4900 MARLIN DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D (X) Change ( ) Addition  
Name: FISHER, JEFFREY MR  
Address: 6106 MADERIA AVE  
City-St-Zip: NEW PORT RICHEY, FL 34653

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FLORENCE C HOLDEN

T

03/06/2009

Electronic Signature of Signing Officer or Director

Date