

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN -8 AM 9:40

DOCUMENT # **734756** (0)  
1. Corporation Name  
**STEVE JOHNSON EVANGELISTIC ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**1683 E. ORANGE CREST AVE. PALM HARBOR FL 34683**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/05/1976** 3a. Date of Last Report **05/19/1994**  
4. FEI Number **59-1673034** Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**JOHNSON, STEPHEN A DR  
1683 E. ORANGE CREST AVE.  
PALM HARBOR FL 34683**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 its registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Dr. Stephen A. Johnson *Stephen A. Johnson* DATE 6/5/95  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD JOHNSON, STEPHEN A 1683 E. ORANGE CREST AVE PALM HARBOR FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD JOHNSON, ARTHUR C 7515 HANDLEY DR. PORT RICHEY FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD JOHNSON, SUZANNE S 1683 E ORANGE CREST AVE. PALM HARBOR FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JOHNSON, KATERENE C 7515 HANDLEY DR. PORT RICHEY FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BURCH, GERALD E 3145 TROUT RIVER BLVD JACKSONVILLE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: Dr. Stephen A. Johnson *Stephen A. Johnson* DATE 6/5/95 813-789-2795  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #