

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: **01/05/1976**  
3a. Date of Last Report: **06/08/1995**

2. Principal Place of Business: **21 35246 U.S. 19 N. Suite 200 Palm Harbor, FL. 34684 USA**  
2a. Mailing Address: **26 35246 U.S. 19 N. Suite 200 Palm Harbor, FL. 34684 USA**

4. FEI Number: **59-1673034**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent:  
**JOHNSON, STEPHEN A DR  
~~1683 E. ORANGE CREST AVE.~~ 1646 E. Groveleaf 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): **1646 E. Groveleaf Ave.**  
83  
84 City: **Palm Harbor FL** 85 Zip Code: **34683**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Stephen A. Johnson* DATE: **6/5/96**  
Signature, typed or printed name of registered agent, or title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, STEPHEN A	12 NAME	
STREET ADDRESS	<del>1683 E. ORANGE CREST AVE</del> 1646 E. Groveleaf Ave.	13 STREET ADDRESS	1646 E. Groveleaf Ave
CITY-ST-ZIP	PALM HARBOR FL	14 CITY-ST-ZIP	Palm Harbor, FL. 34683
TITLE	VD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ARTHUR C	22 NAME	
STREET ADDRESS	7515 HANDLEY DR.	23 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	24 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, SUZANNE S	32 NAME	
STREET ADDRESS	<del>1683 E. ORANGE CREST AVE.</del> 1646 E. Groveleaf Ave.	33 STREET ADDRESS	1646 E. Groveleaf Ave.
CITY-ST-ZIP	PALM HARBOR FL	34 CITY-ST-ZIP	Palm Harbor, FL. 34683
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, KATERENE C	42 NAME	
STREET ADDRESS	7515 HANDLEY DR.	43 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURCH, GERALD E	52 NAME	
STREET ADDRESS	3145 TROUT RIVER BLVD	53 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(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: *Stephen A. Johnson* Stephen A. Johnson Date: **6/5/96** Daytime Phone #: **813-786-2670**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)