

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**

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|--------------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | JOHNSON, STEPHEN A | 1646 E. Groveleaf Ave. |
| STREET ADDRESS | 1683 E. ORANGE CREST AVE | |
| CITY - ST - ZIP | PALM HARBOR FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | JOHNSON, ARTHUR C | |
| STREET ADDRESS | 7515 HANDLEY DR. | |
| CITY - ST - ZIP | PORT RICHEY FL | |
| TITLE | STD | <input type="checkbox"/> DELETE |
| NAME | JOHNSON, SUZANNE S | 1646 E. Groveleaf Ave. |
| STREET ADDRESS | 1683 E. ORANGE CREST AVE. | |
| CITY - ST - ZIP | PALM HARBOR FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | JOHNSON, KATERENE C | |
| STREET ADDRESS | 7515 HANDLEY DR. | |
| CITY - ST - ZIP | PORT RICHEY FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BURCH, GERALD E | |
| STREET ADDRESS | 3145 TROUT RIVER BLVD | |
| CITY - ST - ZIP | JACKSONVILLE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 11 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | 1646 E. Groveleaf Ave |
| 14 CITY - ST - ZIP | Palm Harbor, FL 34683 |
| 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 | 1646 E. Groveleaf Ave. |
| 34 CITY - ST - ZIP | Palm Harbor, FL 34683 |
| 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 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**

CR2E037 (12/95)