

**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, Apt. #, etc. **Suite 200**  
City & State **Palm Harbor, FL.**  
Zip **34684** Country **USA**

2a. Mailing Address  
26 **35246 U.S. 19 N.**  
Suite, Apt. #, etc. **Suite 200**  
City & State **Palm Harbor, FL.**  
Zip **34684** Country **USA**

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**  
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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOHNSON, STEPHEN A	<b>1646 E. Groveleaf Ave.</b>
STREET ADDRESS	<del>1683 E. ORANGE CREST AVE</del>	
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	<b>1646 E. Groveleaf Ave.</b>
STREET ADDRESS	<del>1683 E. ORANGE CREST AVE.</del>	
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	<b>1646 E. Groveleaf Ave</b>
14 CITY - ST - ZIP	<b>Palm Harbor, FL. 34683</b>
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	<b>1646 E. Groveleaf Ave.</b>
34 CITY - ST - ZIP	<b>Palm Harbor, FL. 34683</b>
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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)