FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 30 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

734756

(0)

STEVE JOHNSON EVANGELISTIC ASSOCIATION, INC.

Principal Place of Business Mailing Address						BIII DIDIA DIDIA BIDIA BIBIA	AIAII DIDII IED
35246 U.S. 19 N. #200 PALM HARBOR FL 34683		35246 U.S. 19 N. #200 Palm Harbor Fl 34684-1931					
US TACH TARBOT	1 FL 34003	US	r-1901		3. Date incorporated or Qualified 01/05/1976	3a. Date of Last R 06/10/19	
2. Principal P	lace of Business	2a. Mailing Address 26			4. FEI Number Applied For S9-1673034 Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State		City & State	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip 24 340	(084 25 29 30 30 30 30 30 30 30 30 30 30 30 30 30		Countr 30	у	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Source No.		
	9. Name and Address of Curre	nt Registered Agent	81	T 11	10. Name and Address of New Reg	platered Agent	
	A. ATTRIBUTE A D.D.		*'	Name			
JOHNSON, STEPHEN A. DR 1646 E. GROVELEAF AVE.			82	Street Addi	ddress (P.O. Box Number is Not Acceptable)		
	IARBOR FL 34683		83		1 1 		
			84			FL	Code
11. Pursuant office or r	to the provisions of Sections 617.05 egistered agent, or both, in the State	02 and 617.1508, Florida Statu e of Florida. Such change was	ites, the above authorized b	re-named corp by the corporat	poration submits this statement for the pation's board of directors. I hereby accep	urpose of changing it the appointment as	ts registered registered
agent. La	m familiar with, and accept the oblig	gations of, Section 617,0603, F	iorida Statute	8.	·	-1-1/0-	
SIGNATURE	Signature, typed or printed name of anistered an	ent and title if applicable. (NC	ATE: Registered Ar	ent signature requi	ired when reinstating)	>/21/4/	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	JOHNSON, STEPHEN A		1.2 NAME				
STREET ADDRESS	1646 E. GROVELEAF AVE.		1.3 STREE	T ADDRESS			
CITY-ST-ZIP			1.4 CITY-	ST-ZIP			
TITLE			21 TITLE			L_1 Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2. 4 CffY	ST-ZIP		[] Observe	Addition
TITLE	• • •		3.1 TITLE			☐ Change	Addition
NAME STREET ADDRESS	ALLE OPOLITICAL AND		3.2 NAME				
	PALM HARBOR FL		1	T ADDRESS			
CITY-ST-ZIP TITLE	D PALM HARBON FL	DELETE	3.4. City-	51-ZP	***************************************	Change	Addition
NAME	JOHNSON, KATERENE C	- President	4. 2 NAM			Fri Sidilike	L POUILION
STREET ADDRESS	7515 HANDLEY DR.		1	T ADDRESS			
CITY-ST-ZIP	PORT RICHEY FL		4.4 CiTY-				
TITLE	D	☐ DELETE	5.1 TITLE	O1 - CIF		☐ Change	☐ Addition
NAME	BURCH, GERALD E		5.2 NAME				
STREET ADDRESS	3145 TROUT RIVER BLVD			T ADDRESS			
CITY-SI-ZIP	JACKSONVILLE FL		5.4 City				
HILE	14.14.41.11.19.21.12	DELETE	6.1 TITLE	EII		Change	Addition
NAME		 · · · · · ·	6.2 NAME	Ì			
STREET ADDRESS			4	T ADDRESS			
CITY - ST - 7IP			64 City				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 L. Johnson 5/21/97 813-786-2670