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May 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 35246 U.S. 19 N. #200 PALM HARBOR FL 34683 US
Mailing Address: 35246 U.S. 19 N. #200 PALM HARBOR FL 34684-1931 US

3. Date Incorporated or Qualified: 01/05/1976
3a. Date of Last Report: 06/10/1996

2. Principal Place of Business: 21 Suite, Apt. #, etc.

22 City & State

23 Zip: 24 34684 25 Country

9. Name and Address of Current Registered Agent

JOHNSON, STEPHEN A. DR
1646 E. GROVELEAF AVE.
PALM HARBOR FL 34683

4. FEI Number: 59-1673034
Applied For: Not Applicable

5. Certificate of Status Desired: [X] \$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 [X] No

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

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: Dr. Stephen A. Johnson DATE: 5/21/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PD
NAME: JOHNSON, STEPHEN A
STREET ADDRESS: 1646 E. GROVELEAF AVE.
CITY-ST-ZIP: PALM HARBOR FL

TITLE: VD
NAME: JOHNSON, ARTHUR C
STREET ADDRESS: 7515 HANDLEY DR.
CITY-ST-ZIP: PORT RICHEY FL

TITLE: STD
NAME: JOHNSON, SUZANNE S
STREET ADDRESS: 1646 E. GROVELEAF AVE.
CITY-ST-ZIP: PALM HARBOR FL

TITLE: D
NAME: JOHNSON, KATERENE C
STREET ADDRESS: 7515 HANDLEY DR.
CITY-ST-ZIP: PORT RICHEY FL

TITLE: D
NAME: BURCH, GERALD E
STREET ADDRESS: 3145 TROUT RIVER BLVD
CITY-ST-ZIP: JACKSONVILLE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 DATE: 5/21/97 813-786-2670

CR2E037 (9/96)