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98 MAY -5 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 734756 (0)

1. Corporation Name **STEVE JOHNSON EVANGELISTIC ASSOCIATION, INC.**



Principal Place of Business 35246 U.S. 19 N. #200 PALM HARBOR FL 34684 US	Mailing Address 35246 U.S. 19 N. #200 PALM HARBOR FL 34683 US
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3. Date Incorporated or Qualified 01/05/1976	
4. FEI Number 59-1673034	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip 25 Country	29 Zip 30 Country

9. Name and Address of Current Registered Agent

**JOHNSON, STEPHEN A. DR
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)
83
84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> DELETE
NAME	JOHNSON, STEPHEN A
STREET ADDRESS	1646 E. GROVELEAF 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
STREET ADDRESS	1646 E. GROVELEAF 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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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*******70.00 *****70.00**

A. Alan
5/5/98

14. I 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 A. JOHNSON** President 5/13/98 813-751-2670

CR2E037 (10/97)