1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am § Secretary of State

05-06-1999 90155 036 ****70.00

DOCOMEN	1#	7347	20	
1. Corporation Name				

STEVE JOHNSON EVANGELISTIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address			
35246 U.S. 19 N. #200	35246 U.S. 19 N. #200			
PALM HARBOR/FL 34684	PALM HARBOR FL 34683			
us	US			

Principal Place of Business	2a. Mailing Address		Date Incorporated or Qualifed		
21 /646 E. Grove eat Ave.	. 26		01/05/1976		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	//_	4. FEI Number	Applied For	
22	27 * P M	1R#200	59-1673034	Not Applicable	
City & State 23 Palm Harbor, F1.	City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip Country 24 3 4683 25 U.S.A.		untry	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
		81 Name			
Johnson, Stephen A. Dr		82 Street Addre	ess (P.O. Box Number is Not Acceptable)		

1646 E. GROVELEAF AVE. PALM HARBOR FL 34683

81	Name			
82	Street Address (P.O. Box Number is Not Acceptable)		# 	_
83				
84	City	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	Signature, typed or printed name of registered agent and	I title if shelicable (NOTE: 8	Registered Agent signature require	d when reinstating)	DATE	
	OFFICERS AND D		13.		TO OFFICERS AND DIRECTO	ORS IN 12
12.				ADDITIONO/CHANGES	Change	Addition
IIITE	PD	☐ DELETE	1.1 TITLE		€1 Citalige	Addition
NAME	Johnson, Stephen A		1.2 NAME			
STREET ADDRESS	1646 E. GROVELEAF AVE.		1.3 STREET ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY-ST-ZIP			
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change	Addition
NAME	JOHNSON, ARTHUR C		2.2 NAME			
STREET ADDRESS	7515 HANDLEY DR.		2.3 STREET ADDRESS	•		
CITY-ST-ZIP	PORT RICHEY FL		2. 4 CITY-\$T-ZIP			
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME	JOHNSON, SUZANNE S		3.2 NAME			
STREET ADDRESS	1646 E. GROVELEAF AVE.		3.3 STREET ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL		3.4. CITY-ST-ZIP		····	
TITLE	D	DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME	JOHNSON, KATERENE C		4. 2 NAME			
STREET ADDRESS	7515 HANDLEY DR.		4.3 STREET ADDRESS			
CITY-ST-ZIP	PORT RICHEY FL		4.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME	BURCH, GERALD E		5.2 NAME			
STREET ADDRESS	3145 TROUT RIVER BLVD		5.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS	F		6.3 STREET ADDRESS			
	**		64 CITY-ST-ZIP			

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, with all other like empowered.

4/30/99 72)-786-2670