

FILE NOW: FILING FEE IS \$61.25

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

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

0066770

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 734756
 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
---	---



2. Principal Place of Business 21 1646 E. Groveleaf Ave.	2a. Mailing Address 26 PMB #200	3. Date Incorporated or Qualified 01/05/1976
Suite, Apt. #, etc. 22 Palm Harbor, FL.	Suite, Apt. #, etc. 27	4. FEI Number 59-1673034
City & State 23 Palm Harbor, FL.	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 34683	Country 25 U.S.A.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
JOHNSON, STEPHEN A. DR 1646 E. GROVELEAF AVE. PALM HARBOR FL 34683		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE: Stephen A. Johnson DATE: 4/30/99 PHONE: 727-786-2670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/198)