

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 06, 2004  
Secretary of State**

DOCUMENT# 734756

Entity Name: STEVE JOHNSON EVANGELISTIC ASSOCIATION, INC.

**Current Principal Place of Business:**

**New Principal Place of Business:**

1646 E. GROVELEAF AVE.  
PALM HARBOR, FL 34683 US

**Current Mailing Address:**

**New Mailing Address:**

35246 U.S. 19 N.  
PMB #200  
PALM HARBOR, FL 34683 US

FEI Number: 59-1673034      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

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

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: JOHNSON, STEPHEN A DR.  
Address: 1646 E. GROVELEAF AVE.  
City-St-Zip: PALM HARBOR, FL 34683

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD ( ) Delete  
Name: JOHNSON, ARTHUR C DR.  
Address: 7515 HANDLEY DR.  
City-St-Zip: PORT RICHEY, FL 34668

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD ( ) Delete  
Name: JOHNSON, SUZANNE S DR.  
Address: 1646 E. GROVELEAF AVE.  
City-St-Zip: PALM HARBOR, FL 34683

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Delete  
Name: JOHNSON, KATERENE C  
Address: 7515 HANDLEY DR.  
City-St-Zip: PORT RICHEY, FL 34668

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Delete  
Name: WILLIAMS, WAYNE L DR.  
Address: 4558 ROSWELL RD, STE G-4  
City-St-Zip: ATLANTA, GA 30342

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN A. JOHNSON

PD

07/06/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date