2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734756

FILED Apr 30, 2007 Secretary of State

Entity Name: STEVE JOHNSON EVANGELISTIC ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1912 NEBRASKA 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. US PALM HARBOR, FL 34683 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: () Delete () Change () Addition JOHNSON, STEPHEN A DR. Name: Name: 1646 E. GROVELEAF AVE. Address: Address: City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: Title: VD () Delete Title: VDT (X) Change () Addition JOHNSON, ARTHUR C DR. Name: JOHNSON, SUZANNE S DR. Name: Address: 7515 HANDLEY DR. Address: 1646 E. GROVELEAF DR. City-St-Zip: PORT RICHEY, FL 34668 City-St-Zip: PALM HARBOR, FL 34683 Title: STD () Delete Title: SD (X) Change () Addition JOHNSON, KATERENE C JOHNSON, SUZANNE S DR. Name: Name: Address: 1646 E. GROVELEAF AVE. Address: 7515 HANDLEY DR. City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: PORT RICHEY, FL 34668 Title: () Delete Title: (X) Change () Addition Name: JOHNSON, KATERENE C Name: WILLIAMS, WAYNE L DR. 4558 ROSWELL RD. #G-4 Address: 7515 HANDLEY DR. Address: City-St-Zip: PORT RICHEY, FL 34668 City-St-Zip: ATLANTA, GA 30342 Title: (X) Delete Title: () Change () Addition WILLIAMS, WAYNE L DR. Name: Name: 4558 ROSWELL RD, STE G-4 Address: Address: City-St-Zip: ATLANTA, GA 30342 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 04/30/2007