

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734756

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: STEVE JOHNSON EVANGELISTIC ASSOCIATION, INC.

**Current Principal Place of Business:**

1912 NEBRASKA AVE  
PALM HARBOR, FL 34683 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

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

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

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

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:**

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

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

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

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

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

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

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

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: DR. STEPHEN A. JOHNSON

PD

03/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date