

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