

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734756

FILED  
Apr 28, 2010  
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  
Name: JOHNSON, STEPHEN A DR.  
Address: 1646 E. GROVELEAF AVE.  
City-St-Zip: PALM HARBOR, FL 34683

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DR. STEPHEN A. JOHNSON, PRES.

PD

04/28/2010

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

\_\_\_\_\_ Date