## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 736844

(2)

ST. STEPHEN'S CHURCH, INC.							
Principal Place	of Business	Mailing Address	Mailing Address			ii Ar Asael Alait Asala áidir 20	811 <b>819</b> 11 <b>180</b> 1
1820 STATE ROAD 540A 1820 EAST STATE ROAD 540A LAKELAND FL 33813		1820 STATE ROAD 540A 1820 EAST STATE ROAD 540A LAKELAND FL 33813		3. Date incorporated or Qualified 3a. Date of Last Report 09/20/1976 03/24/1995			
					09/20/1976 4. FEI Number		pplied For
2. Principal Pla 21	ice of Business	2a. Mailing Address 26			59-2249895	No.	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional lequired	
City & State		City & State			6. Election Campaign Financing		May Be
23		28	Country		Trust Fund Contribution	Added	to Fees
Zip Country 25		Zıp <b>29</b>	Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
24	9. Name and Address of Curre				10. Name and Address of New R	egistered Agent	
			81	Name	RUHLE, GARY I.		
NUNEZ, CHARLES T			62	Street Ad	et Address (P.O. Box Number is Not Acceptable)		
811 E M/				4903	DEVONSHIRE		
LAKELAN	ID FL 33801		83	I.AKE	LAND		
			84	City		85 Zip	Code
4				L	poration submits this statement for the pur	FL 338	aistored office
familiar wit	ed agent, or both, in the State of Floi th, and accept the obligations of, Sec	ida. Such change was authorized tion 617.0503, Florida Statutes.	by the corp	oralion's D	eard or directors. Thereby accept the appo	Sinteriorit de l'egistores	agent Lam
SIGNATURE Z	Signature, typed or printed name of registured ago	nt and title if applicable (NO E		nt signature ren		DATE 5/5/96	Coc. D.L. 4.C
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTOR	Addition
TITLE	PD	□ DELETE	1.1 TITLE				
NAME STREET ADDRESS	TAYLOR, JAMES D. 6722 TRAIL RIDGE DR.		1.2 NAME 1.3 STREE	L FADDRESS	<b>70000186</b> -06/19/96010	37267 666	
CITY-ST-ZIP	LAKELAND FL		1.4 CITY - 5	<b>)</b>	***86.25	,33 030	
TITLE	D	DELETE	2 1 TITLE			☐ Change	☐ Addition
NAME	ROSENBERGER, SAM		2.2 NAME				
STREET ADDRESS	2035 HIGH GLEN CT N		2 3 STREE	T ADDRESS			
CITY-ST-ZIP	LAKELAND FL		2 4 CHTY-	ST - ZIP			
TITLE .	D	DELETE	3.1 TITLE	-25	Treasurer	Change	Addition Addition
NAME	PERICA, RAY		3.2 NAME	1	Gary Ruhle		
STREET ADDRESS	4026 CARLISLE RD			TADDRESS	4903 Devonshire		
CITY - ST - ZIP	LAKELAND FL	<b>₩</b> DELETE	3.4. CITY 4.1 TITLE	S1-ZIP	Lakeland, Florida	33813 Cnange	Addition
TITLE	E <del>Woodard, Tom Dr</del> .	<b>X</b>	4 2 NAME		OMADI THO TOUN	ж *	_
NAME	6777 TRAIL-RIDGE DR			T ADDRESS	STARLING, JOHN 6121 CHRISTINA DRIVE	U	
STREET ADDRESS	LAKELAND FL		4.4 CITY	1	LAKELAND, FL 33813	<b>.</b>	
CITY-ST-ZIP TITLE	D	<b>₹</b> ]DELETE	5 1 TITLE		D	Change	☐ Addition
NAME	NORMAN: TEX		5 2 NAMÉ		GOERS, BRUCE		
STREET ADDRESS	6620 TRIAL RIDGE DR		5 3 STREE	1 ADDRESS	3423 ROYAL COURT S.		
CITY-ST-ZIP	<del>LAKELAND FL</del>		5 4 CITY -	ST-ZIP	LAKELAND, FL 33813	REPLOY.	This is a second
TITLE	D	<b>X</b> DELETE	6 1 THTLE		D	<b>X</b> Change	Addition
NAME	KILPATRICK, DUNCAN		6.2 NAME	ŀ	WEST, MRS. GERRYE	1	-15/
STREET ADDRESS	1527-LAGOON RD		63 STREE	T ADDRESS	2650 MARTIN AVE.	6	18
CITY-ST-ZIP	LAKELAND FL	ducity twic films in actuatority funcio	64 CHY-	ST-ZIP	LAKELAND PL. 33803 110	1.07(3)(k), Florida Statut	tes. I fur her
14. I do herel certify that oath; that appears i	by certify that the information supplie at the information indicated on this ar till arman officer or director of the cor in Block 12 or Block 13 if changed, c	o wan this lilling is voluntarily lurris inual report or supplemental annu poration or the receiver or trustee ir on an attachment with an addre	al report is to empowered iss.	rue and acc I to execute	2650 MARTIN AVB.  AKRI AATIDION Stated 1980 on 118 curate and that my signature shall have the ethis report as required by Chapter 617, F	) same legal effect as if lorida Statutes; and tha	finiade under at my name

SIGNATURE: 🛴

GARY I. RUHLE, TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

\_\_\_\_5/5/96 . Daytero Phone 4

CR2E037 (12/95)