2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# 737121

Entity Name: ST. STEPHEN LUTHERAN CHURCH, INC.

Current Principal Place of Business:

2198 NORTH MERIDIAN ROAD
TALLAHASSEE, FL 323035062

New Principal Place of Business:

Current Mailing Address:

2198 NORTH MERIDIAN ROAD
TALLAHASSEE, FL 323035062

New Mailing Address:

FEI Number: 59-1688449 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCKIBBEN, BARBARA
835 MADERIA CIRCLE
TALLAHASSEE, FL 32312 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: D ( ) Delete
Name: BASFORD, NATHAN
Address: 735 EAST PARK AVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: VD ( ) Delete
Name: STUART, CHERYL
Address: 1239 CONSEVUANCY DR EAST
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete
Name: MILLER, MARSY
Address: 9368 CONESTOGA AVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: P ( ) Delete
Name: ISENBERG, PAUL
Address: 3304 CLIFDEN DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: TD ( ) Delete
Name: MCKIBBEN, BARBAR
Address: 835 MADERIA CIRCLE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete
Name: HENSEL, MELANIE
Address: 3509 KILKENNY DRIVE EAST
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change ( ) Addition
Name: STUART, CHERYL
Address: 1239 CONSEVUANCY DR EAST
City-St-Zip: TALLAHASSEE, FL 32312

Title: D (X) Change ( ) Addition
Name: WARREN, MARK
Address: 3216 YORKTOWN DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: VD (X) Change ( ) Addition
Name: KENNELL, PATRICK
Address: 740 HUNTER STREET
City-St-Zip: TALLAHASSEE, FL 32303

Title: TD (X) Change ( ) Addition
Name: MCKIBBEN, BARBARA
Address: 835 MADERIA CIRCLE
City-St-Zip: TALLAHASSEE, FL 32312

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BARBARA MCKIBBEN T 04/30/2005

Electronic Signature of Signing Officer or Director — Date