

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001708

FILED
Mar 24, 2004
Secretary of State**Entity Name:** THE STEPHEN MINISTRY, INC.**Current Principal Place of Business:**10415 RIVERSIDE DRIVE
PALM BEACH GARDENS, FL 33410**New Principal Place of Business:****Current Mailing Address:**10415 RIVERSIDE DRIVE
PALM BEACH GARDENS, FL 33410**New Mailing Address:****FEI Number:** 65-0993753 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**HUDSON, LISE
515 NORTH FLAGLER DRIVE
SUITE 600
WEST PALM BEACH, FL 334014323 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: BENZ, NORMAN D
Address: 2203 VISION DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418**Title:** VD () Delete
Name: VARNADORE, ROBERT
Address: 6370 DRAKE STREET
City-St-Zip: JUPITER, FL 33458**Title:** STD () Delete
Name: BENZ, JUDY
Address: 2203 VISION DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418**Title:** D () Delete
Name: MOORE-HUNT, DEBRA
Address: 6568 E CHASEWOOD DRIVE NO.
City-St-Zip: JUPITER, FL 33458 US**Title:** D () Delete
Name: HUDSON, LISE
Address: 174 BENT TREE
City-St-Zip: PALM BEACH GARDENS, FL 33418 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: BENZ, NORMAN D
Address: 10254 ALLAMANDA CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33410**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** STD (X) Change () Addition
Name: BENZ, JUDY
Address: 10254 ALLAMANDA CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33410**Title:** D (X) Change () Addition
Name: MOORE-HUNT, DEBRA
Address: 229 - 2ND TERRACE
City-St-Zip: PALM BEACH GARDENS, FL 33418 US**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: NORMAN D. BENZ

PD

03/24/2004

Electronic Signature of Signing Officer or Director

Date