

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001708

FILED
Apr 25, 2006
Secretary of State

Entity Name: THE STEPHEN MINISTRY, INC.

Current Principal Place of Business:

3970 RCA BLVD., STE. 7001
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

9153 ROAN LANE
PALM BEACH GARDENS, FL 33403

Current Mailing Address:

3970 RCA BLVD., STE. 7001
PALM BEACH GARDENS, FL 33410

New Mailing Address:

9153 ROAN LANE
PALM BEACH GARDENS, FL 33403

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
174 BENT TREE DRIVE
PALM BEACH GARDENS, FL 33410 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: 10254 ALLAMANDA CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VD () Delete
Name: VARNADORE, ROBERT
Address: 6370 DRAKE STREET
City-St-Zip: JUPITER, FL 33458

Title: STD () Delete
Name: BENZ, JUDY
Address: 10254 ALLAMANDA CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D () Delete
Name: MOORE-HUNT, DEBRA
Address: 229 - 2ND TERRACE
City-St-Zip: PALM BEACH GARDENS, FL 33418 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: () 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:

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 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: NORMAN BENZ

PD

04/25/2006

Electronic Signature of Signing Officer or Director

Date