## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N0000001708

HUDSON, LISE

174 BENT TREE

PALM BEACH GARDENS, FL 33418 US

Name:

Address:

City-St-Zip:

Entity Name: THE STEPHEN MINISTRY, INC.

FILED Apr 30, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 10415 RIVERSIDE DRIVE PALM BEACH GARDENS, FL 33410 **Current Mailing Address: New Mailing Address:** 10415 RIVERSIDE DRIVE PALM BEACH GARDENS, FL 33410 FEI Number: 65-0993753 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HUDSON, LISE 515 NORTH FLAGLER DRIVE SUITE 600 WEST PALM BEACH, FL 334014323 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BENZ, NORMAN D Name: Name: 2203 VISION DRIVE Address: Address: City-St-Zip: PALM BEACH GARDENS, FL 33418 City-St-Zip: Title: () Delete Title: () Change () Addition VARNADORE, ROBERT Name: Name: Address: 6370 DRAKE STREET Address: City-St-Zip: JUPITER, FL 33458 City-St-Zip: Title: STD Title: () Change () Addition () Delete BENZ, JUDY Name: Name: 2203 VISION DRIVE Address: Address: City-St-Zip: PALM BEACH GARDENS, FL 33418 City-St-Zip: ( ) Delete Title: Title: () Change () Addition MOORE-HUNT, DEBRA Name: Name: 6568 E CHASEWOOD DRIVE NO. Address: Address: City-St-Zip: JUPITER, FL 33458 US City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: NORMAN D. BENZ PD 04/30/2003