

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90017 006 ****70.00

DOCUMENT # N03000009245

1. Entity Name

**ST. STEPHEN'S UNITED METHODIST CHURCH
INCORPORATED**



Principal Place of Business

**303 E CARTER ST
HASTINGS FL 32145**

Mailing Address

**P O BOX 867
HASTINGS FL 32145**

2. Principal Place of Business

303 East Carter St.

3. Mailing Address

P.O. Box 867

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hastings Florida

City & State

Hastings Florida

Zip

32145

Country

USA

Zip

32145

Country

USA

4. FEI Number

Y1-2121313

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MAYPRAY, JOANNE
159 TWINE ST
ST AUGUSTINE FL 32084**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BROWN, TYRONE**
STREET ADDRESS **1072 NORTH ST**
CITY-ST-ZIP **ST AUGUSTINE FL 32114**

TITLE **S** ☐ Delete
NAME **MAYPRAY, JOE A**
STREET ADDRESS **159 TWINE ST**
CITY-ST-ZIP **ST AUGUSTINE FL 32084**

TITLE **T** ☐ Delete
NAME **WILLIAM, EVERETT**
STREET ADDRESS **P O BOX 848**
CITY-ST-ZIP **HASTINGS FL 32145**

TITLE **S** ☐ Delete
NAME **DENEGAL, AROA**
STREET ADDRESS **P O BOX 1285**
CITY-ST-ZIP **HASTINGS FL 32145**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joanne Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-04

386-252-2177

Date

Daytime Phone #