


# 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

|  |   |
|--|---|
| <b>DOCUMENT # N0300009245</b><br>1. Entity Name<br><b>ST. STEPHEN'S UNITED METHODIST CHURCH INCORPORATED</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>303 E CARTER ST<br/>HASTINGS FL 32145</b> | Mailing Address<br><b>P O BOX 867<br/>HASTINGS FL 32145</b> |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br><b>303 East Carter St</b> | 3. Mailing Address<br><b>P.O. Box 867</b> |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                       |

|   |   |
|---|---|
| City & State<br><b>Hastings Florida</b> | City & State<br><b>Hastings Florida</b> |
| Zip<br><b>32145</b>                     | Zip<br><b>32145</b>                     |
| Country<br><b>USA</b>                   | Country<br><b>USA</b>                   |

|   |  |
|---|--|
| 4. FEI Number<br><b>41-2121313</b>  | Applied For<br><input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |



MOORE CR2E037 (11/03)

|   |  |
|---|--|
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>MAYPRAY, JOANNE<br/>159 TWINE ST<br/>ST AUGUSTINE FL 32084</b> | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|  |   |  |
|--|---|--|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2004</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to Florida Department of State</b> |
|--|---|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>BROWN, TYRONE</b><br><b>1072 NORTH ST</b><br><b>ST AUGUSTINE FL 32114</b><br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>MAYPRAY, JOE A</b><br><b>159 TWINE ST</b><br><b>ST AUGUSTINE FL 32084</b><br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>WILLIAM, EVERETT</b><br><b>P O BOX 848</b><br><b>HASTINGS FL 32145</b><br><input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>DENEGAL, AROA</b><br><b>P O BOX 1285</b><br><b>HASTINGS FL 32145</b><br><input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:** Tyronne Brown **2-4-04** **386-252-2177**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #