2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007
Secretary of State

DOCUMENT# N04000003303

Entity Name: THE ST. STEPHEN'S CALVARY OUTREACH MINISTRY, INC.

Current Principal Place of Business:

1682 18TH A/S
ST PETERSBURG, FL 33712

New Principal Place of Business:

Current Mailing Address:

1682 18TH A/S
ST PETERSBURG, FL 33712

New Mailing Address:

FEI Number: 59-3693210 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVENPORT, WILLIE MAE
1682 18TH A/S
SAINT PETERSBURG, FL 33712 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: P ( ) Delete
Name: DAVENPORT, THOMAS A
Address: 1344-29TH STREET SOUTH
City-St-Zip: ST PETERSBURG, FL 33712

Title: V ( ) Delete
Name: DAVENPORT, WILLIA MAE
Address: 1344-29TH STREET SOUTH
City-St-Zip: ST PETERSBURG, FL 33712

Title: S ( ) Delete
Name: BURCH, DORIS
Address: 1344-29TH STREET SOUTH
City-St-Zip: ST PETERSBURG, FL 33712

Title: T ( ) Delete
Name: ROBINSON, TAMMY
Address: 1344-29TH STREET SOUTH
City-St-Zip: ST PETERSBURG, FL 33712

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:

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: THOMAS DAVENPORT P 02/01/2007

Electronic Signature of Signing Officer or Director — Date