

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

06 DEC -7 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT
102020061 REIN NP CR2E099 (1/7/05)

DOCUMENT # N05000003439

1. Entity Name
ST. STEPHEN BAPTIST CHURCH INC.



Principal Place of Business
4201 ALMEDA ST
JACKSONVILLE, FL 32209

Mailing Address
4201 ALMEDA ST
JACKSONVILLE, FL 32209

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 12677
Suite, Apt. #, etc.

City & State
Jacksonville FL

Zip
32209

Country
Dupa

4. FEI Number
35-2252325

Applied For
Not Applicable

5. Certificate of Status Desired
2 \$8.75 Additional Fee Required 17.50

6. Name and Address of Current Registered Agent

~~DEXTER, L M II~~
~~6801 AZUL CT~~
~~JACKSONVILLE, FL 32210~~

7. Name and Address of New Registered Agent

Name Benjamin F. Addison, Sr
Street Address (P.O. Box Number is Not Acceptable)
1016 West 31st ST
City Jacksonville FL Zip Code 32209

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 Benjamin F. Addison 12/04/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2007, Fee will be \$297.50

Make check payable to
Florida Department of State


10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEXTER, L M II 6801 AZUL CT JACKSONVILLE, FL 32210 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Benjamin F. Addison, Sr 1016 W 31 ST Jacksonville FL 32209 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, ALISHA 125 CARVER CIR JACKSONVILLE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Naomi Addison 1016 W 31 ST Jacksonville, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOVE, A M 245 22ND ST JACKSONVILLE, FL 32209 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Carolyn Burney 7009 Rhade Island Dr, W Jacksonville, FL 32209 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dulysess Perry 7340 Grant Avenue Jacksonville, FL 32208 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Alonzo Burns 1402 High Plains Drive Jacksonville, FL 32218 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500082364605 12/07/06--01042--006 **253.75 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Carolyn R. Burney C. 12-04-06 (904) 768-7876
Signature and typed or printed name of signing officer or director Date Daytime Phone

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

I have seen copies of ²⁰⁰² documents where this man has done this same action to Mt. Olive Baptist Church in Jacksonville. Your system makes it easy for him to do forgery and get away with it. Now we have to suffer because of his actions and this procedure, that is so easy to change. He needs to be stopped.

DOCUMENT # N05000003439			
1. Entity Name ST. STEPHEN BAPTIST CHURCH INC.			
Principal Place of Business 4201 ALMEDA ST JACKSONVILLE, FL 32209		Mailing Address 4201 ALMEDA ST JACKSONVILLE, FL 32209	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 35-2252325		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEXTER, L M II 6801 AZUL CT JACKSONVILLE, FL 32210		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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
Filing Fee is \$61.25 Due by September 15, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEXTER, L M II ^{Le Morris Michael} 6801 AZUL CT JACKSONVILLE, FL 32210 ^{maiden name wife}	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Without proper authorization, this person took it upon himself to change the designated board members and replaced them with his name, his wife's name and a friend as the directors of this church.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, ALISHA 125 CARVER CIR JACKSONVILLE, FL ^{fraudulent address}	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOVE, A M 245 22ND ST JACKSONVILLE, FL 32209 ^{fraudulent address}	TITLE NAME STREET ADDRESS CITY-ST-ZIP	We are late in submitting this document because of the confusion and addresses being different.
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	We received this notice after the due date since it was mailed on 9/14 and due 9/15.
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	We had no choice but to be late due to our lack of knowledge that this form had been fraudulently changed.
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

MICHAEL ADDISON
St. Stephen Baptist Church
P.O. Box 12677
Jacksonville, FL 32209
(904) 768-5186
(904) 312-0333