

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam , Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003006 (1)**

1. Corporation Name

ST. STEPHENS BAPTIST CHURCH, INC.

Principal Place of Business
**1817 HAGE WAY
ORLANDO FL 32805**

Mailing Address
**1817 HAGE WAY
ORLANDO FL 32805**

97 OCT 14 AM 7:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/03/1996		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 593373483		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**THORNTON, SAMUEL J
1817 HAGE WAY
ORLANDO FL 32805**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	500002322255-2
84 City	10/16/97-01894-007 *****61.FL *****61.25

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0508, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **9/14/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD THORNTON, SAMUEL	1.2 NAME	
STREET ADDRESS	1817 HAGE WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32805	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD OLIVER, PATRICIA	2.2 NAME	Secretary Barbara Adkins
STREET ADDRESS	1315 POPPY AVENUE	2.3 STREET ADDRESS	2113 S. Westmoreland
CITY-ST-ZIP	ORLANDO FL 32811	2.4 CITY-ST-ZIP	Orlando, Florida 32805
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD MCCART, LESLIE	3.2 NAME	Treasurer Jonathan Moore
STREET ADDRESS	4820 SELBY COURT	3.3 STREET ADDRESS	2113 S. Westmoreland
CITY-ST-ZIP	ORLANDO FL 32811	3.4 CITY-ST-ZIP	Orlando, Florida 32805
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D JONES, SHARAIN	4.2 NAME	
STREET ADDRESS	4016 WINDY DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32808	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D THORNTON, SAMUEL	5.2 NAME	
STREET ADDRESS	1817 HAGE WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32805	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D HARRIS, JOANN E	6.2 NAME	
STREET ADDRESS	1914 WILLIAMS MANOR AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32811	6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE REQUIRED

CR2E037 (4/97)