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FILED
Mar 20 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003006 (1)

1. Corporation Name

ST. STEPHENS BAPTIST CHURCH, INC.



Principal Place of Business

Mailing Address

1817 HAGE WAY
ORLANDO FL 32805

1817 HAGE WAY
ORLANDO FL 32805

3. Date Incorporated or Qualified

06/03/1996

4. FEI Number

59-3373483

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THORNTON, SAMUEL J
1817 HAGE WAY
ORLANDO FL 32805

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD
STREET ADDRESS THORNTON, SAMUEL
CITY-ST-ZIP 1817 HAGE WAY
ORLANDO FL 32805

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME S
STREET ADDRESS ADKINS, BARBARA
CITY-ST-ZIP 2113 S. WESTMORELAND
ORLANDO FL 32805

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME T
STREET ADDRESS MOORE, JONATHAN
CITY-ST-ZIP 2113 S. WESTMORELAND
ORLANDO FL 32805

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME D
STREET ADDRESS JONES, SHARAIN
CITY-ST-ZIP 4016 WINDY DRIVE
ORLANDO FL 32808

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME D
STREET ADDRESS THORNTON, SAMUEL
CITY-ST-ZIP 1817 HAGE WAY
ORLANDO FL 32805

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME D
STREET ADDRESS HARRIS, JOANN E
CITY-ST-ZIP 1914 WILLIAMS MANOR AVENUE
ORLANDO FL 32811

6.1 TITLE ☐ Change ☐ Addition

14. 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 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:

Samuel J. Thornton
3/20/98
32805289

CR2E037 (10/97)