

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000004736

1. Entity Name

SAINT STEPHEN DEVELOPMENT CORPORATION



Principal Place of Business

**913 WEST 5TH STREET
JACKSONVILLE, FL 32209**

Mailing Address

**913 WEST 5TH STREET
JACKSONVILLE, FL 32209**



02142006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3529921

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GRIFFIN, MARK L CPA
4117 SHOAL CREEK LANE, EAST
JACKSONVILLE, FL 32225**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MITCHELL, MICHAEL
12558 MISSION HILLS CIRCLE S.
JACKSONVILLE, FL 32225**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CRAWFORD, JAMES
5636 INTERNATIONAL DRIVE
JACKSONVILLE, FL 32219**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GLOVER, NATHANIEL
9650 CARBONDALE DRIVE EAST
JACKSONVILLE, FL 32209**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HILL, CHARLENE
2775 GREEN BAY LANE
JACKSONVILLE, FL 32207**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
STEPHENS, RONALD
302 BROWARD ROAD
JACKSONVILLE, FL 32218**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PARKER, CHERYL
12212 FT CAROLINE ROAD
JACKSONVILLE, FL 32225**

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04/19/06-80024-005 61.25

**DO NOT WRITE
IN THIS SPACE**

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

03/20/2006

Date

Daytime Phone #

**904
358-2399**