


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
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
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DO NOT WRITE IN THIS SPACE



03252008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3529921	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 GRIFFIN, MARK L CPA 12511 MISSION HILLS DRIVE, SOUTH JACKSONVILLE, FL 32225

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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 reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

000000882327
04/17/08-80023-012 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D MITCHELL, MICHAEL L REV 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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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: Rue Michael R. Parker **04/04/08** **904-358-2399**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #