2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N98000004736

Entity Name: SAINT STEPHEN DEVELOPMENT CORPORATION

Current Principal Place of Business:

913 WEST 5TH STREET
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

913 WEST 5TH STREET
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 59-3529921 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRIFFIN, MARK L CPA
12511 MISSION HILLS DRIVE, SOUTH
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	MITCHELL, MICHAEL L REV	
Address:	12558 MISSION HILLS CIRCLE S.	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	D	( ) Delete
Name:	CRAWFORD, JAMES	
Address:	5636 INTERNATIONAL DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32219	
Title:	D	( ) Delete
Name:	GLOVER, NATHANIEL	
Address:	9650 CARBONDALE DRIVE EAST	
City-St-Zip:	JACKSONVILLE, FL 32209	
Title:	D	( ) Delete
Name:	HILL, CHARLENE	
Address:	2775 GREEN BAY LANE	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	D	( ) Delete
Name:	STEPHENS, RONALD	
Address:	302 BROWARD ROAD	
City-St-Zip:	JACKSONVILLE, FL 32218	
Title:	D	( ) Delete
Name:	PARKER, CHERYL	
Address:	12212 FT CAROLINE ROAD	
City-St-Zip:	JACKSONVILLE, FL 32225	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL L. MITCHELL D 04/21/2009

Electronic Signature of Signing Officer or Director — Date