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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000004220 (0)
 1. Corporation Name

FIRST STEP, INC. OF THE FIFTH JUDICIAL CIRCUIT



Principal Place of Business 24 NE 1ST STREET ATTN: ANN RESNICK- OCALA FL 34470 US	Mailing Address 24 NE 1ST STREET ATTN: ANN RESNICK- OCALA FL 34470 US
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3. Date Incorporated or Qualified 09/13/1993	
4. FEI Number 59-3204052	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Country	Zip
25	29
	30

9. Name and Address of Current Registered Agent

**RICH, MARY S
24 NE 1ST STREET
OCALA FL 32778**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 Mary S. Rich, President *Mary S. Rich* DATE 1-6-98

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	RICH, MARY S	
STREET ADDRESS	24 NE 1ST STREET	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MATTSON, NEIL	
STREET ADDRESS	105 S ROCKINGHAM AVE	
CITY-ST-ZIP	TAVARES FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WOOD, WENDY K	
STREET ADDRESS	24 NE 1ST STREET	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURNS, FRANK	
STREET ADDRESS	819 PALM AVE	
CITY-ST-ZIP	LEESBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JENKINS, TRICIA	
STREET ADDRESS	204 NW 3RD AVE	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LENAHAN, CAROL	
STREET ADDRESS	323 N SINCLAIR AVE	
CITY-ST-ZIP	TAVARES FL 32778	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Howard Babb Jr.	
1.3 STREET ADDRESS	P.O. Box 7800 N/A	
1.4 CITY-ST-ZIP	Tavares, Fl 32778	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Stacy Dickson	
2.3 STREET ADDRESS	P.O. Box 1388N/A	
2.4 CITY-ST-ZIP	Ocala, FL 34478	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Leslie Johnson	
3.3 STREET ADDRESS	P.O. Box 490842N/A	
3.4 CITY-ST-ZIP	Leesburg, FL 34749	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	James Yant	
4.3 STREET ADDRESS	P.O. Box 5679 N/A	
4.4 CITY-ST-ZIP	Springhill, FL 34611	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *Mary S. Rich* **Mary S. Rich** 1-6-98 (352) 732-1215

CR2E037 (10/97)