

FILE NOW:-FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90169 039 ****61.25

0070232

| | | |
|--|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # N93000004220

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
 WENDY PRATT



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

09/13/1993

4. FEI Number

59-3204052

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

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

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

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

MARY S. RICH, PRESIDENT

1-12-99

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
 NAME RICH, MARY S
 STREET ADDRESS 24 NE 1ST STREET
 CITY-ST-ZIP OCALA FL 34470

TITLE V ☐ DELETE
 NAME MATTSON, NEIL
 STREET ADDRESS 105 S ROCKINGHAM AVE
 CITY-ST-ZIP TAVARES FL

TITLE S ☐ DELETE
 NAME WOOD, WENDY K
 STREET ADDRESS 24 NE 1ST STREET
 CITY-ST-ZIP OCALA FL

TITLE D ☐ DELETE
 NAME BURNS, FRANK
 STREET ADDRESS 819 PALM AVE
 CITY-ST-ZIP LEESBURG FL

TITLE D ☐ DELETE
 NAME JENKINS, TRICIA
 STREET ADDRESS 204 NW 3RD AVE
 CITY-ST-ZIP OCALA FL

TITLE D ☐ DELETE
 NAME LENAHA, 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 ☐ Change ☐ Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE S ☒ Change ☐ Addition
 3.2 NAME PRATT, WENDY K
 3.3 STREET ADDRESS 24 NE 1ST STREET
 3.4 CITY-ST-ZIP OCALA, FL

4.1 TITLE ☐ Change ☒ Addition
 4.2 NAME DICKSON, STACY
 4.3 STREET ADDRESS 3001 S.W. COLLEGE ROAD
 4.4 CITY-ST-ZIP OCALA, FL 34475

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: *Mary S. Rich*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-99 352732-1324
 Date Daytime Phone #

CR2E037 (11/98)