
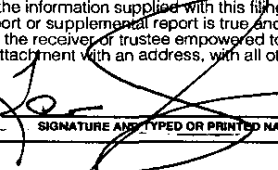


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90038 035 ****61.25

DOCUMENT # N93000004220 1. Entity Name FIRST STEP, INC. OF THE FIFTH JUDICIAL CIRCUIT					
Principal Place of Business 24 NE 1ST STREET ATTN: WENDY PRATT OCALA, FL 34470-6660 US			Mailing Address 24 NE 1ST STREET ATTN: WENDY PRATT OCALA, FL 34470-6660 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3204052	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICH, MARY S 5640 SW 6TH PLACE OCALA, FL 34474				7. Name and Address of New Registered Agent Name RICH, MARY S Street Address (P.O. Box Number is Not Acceptable) 1802 NW 24th Court City OCALA FL Zip Code 34475	
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) Signature, typed or printed name of registered agent and title if applicable. DATE					
Filing Fee is \$61.25 Due by May 1, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete		TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICH, MARY S		NAME	RICH, MARY S	
STREET ADDRESS	5640 SW 6TH PLACE		STREET ADDRESS	1802 NW 24th Court	
CITY-ST-ZIP	OCALA, FL 34474		CITY-ST-ZIP	Ocala, FL 34475	
TITLE	V <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KOLODY, DEBBIE		NAME	Taren Schwarz	
STREET ADDRESS	734 NORTH THIRD STREET SUITE 512		STREET ADDRESS	1326 West North Boulevard, Suite 5	
CITY-ST-ZIP	LEESBURG, FL 347484457		CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRATT, WENDY K		NAME		
STREET ADDRESS	24 NE 1ST STREET		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIETZ, FRED		NAME		
STREET ADDRESS	109 SOUTH FLORIDA STREET		STREET ADDRESS		
CITY-ST-ZIP	BUSHNELL, FL 33513		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEVILLE, STEVE		NAME		
STREET ADDRESS	204 NW 3RD AVE		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34475		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PLATT, MILTON		NAME		
STREET ADDRESS	714 BISHOP DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LADY LAKE, FL 32159		CITY-ST-ZIP		
12. 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 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: 			Taren Schwarz		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 1/12/04 Daytime Phone # 352 787-1040		

34003116



01062004 Chg-NP CR2E037 (10/03)

Applied For
Not Applicable

8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name RICH, MARY S
Street Address (P.O. Box Number is Not Acceptable) 1802 NW 24th Court
City Ocala FL Zip Code 34475

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

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

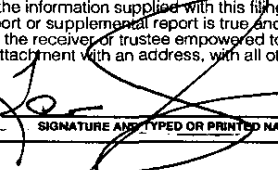
Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P <input type="checkbox"/> Delete NAME RICH, MARY S STREET ADDRESS 5640 SW 6TH PLACE CITY-ST-ZIP Ocala, FL 34474	TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME RICH, MARY S STREET ADDRESS 1802 NW 24th Court CITY-ST-ZIP Ocala, FL 34475
TITLE V <input type="checkbox"/> Delete NAME KOLODY, DEBBIE STREET ADDRESS 734 NORTH THIRD STREET SUITE 512 CITY-ST-ZIP LEESBURG, FL 347484457	TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Taren Schwarz STREET ADDRESS 1326 West North Boulevard, Suite 5 CITY-ST-ZIP Leesburg, FL 34748
TITLE S <input type="checkbox"/> Delete NAME PRATT, WENDY K STREET ADDRESS 24 NE 1ST STREET CITY-ST-ZIP Ocala, FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE D <input type="checkbox"/> Delete NAME DIETZ, FRED STREET ADDRESS 109 SOUTH FLORIDA STREET CITY-ST-ZIP BUSHNELL, FL 33513	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE D <input type="checkbox"/> Delete NAME BEVILLE, STEVE STREET ADDRESS 204 NW 3RD AVE CITY-ST-ZIP Ocala, FL 34475	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE D <input checked="" type="checkbox"/> Delete NAME PLATT, MILTON STREET ADDRESS 714 BISHOP DRIVE CITY-ST-ZIP LADY LAKE, FL 32159	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP

12. 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 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:  Taren Schwarz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1/12/04 Daytime Phone # 352 787-1040