

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000003494

Entity Name: 1ST STEP NEW EXPERIENCE TRANSITIONAL HOUSING OF
HUMAN SERVICES, INCORPORATED**FILED**
Feb 26, 2013
Secretary of State
CC5693164362**Current Principal Place of Business:**3004 WEST 9TH STREET
JACKSONVILLE, FL 32254**Current Mailing Address:**3004 WEST 9TH STREET
JACKSONVILLE, FL 32254**FEI Number: 90-0819617****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WILKERSON, TYRA
3004 WEST 9TH STREET
JACKSONVILLE, FL 32254 US*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**Officer/Director Detail :**

Title	PCEO
Name	WILKERSON, TYRA
Address	3004 WEST 9TH STREET
City-State-Zip:	JACKSONVILLE FL 32254

Title	D
Name	WILKERSON, TYRA
Address	3004 WEST 9TH STREET
City-State-Zip:	JACKSONVILLE FL 32254

Title	VD
Name	WILLIAMS, JACQUELINE DR.
Address	2255 NETTLEBROOK STREET NORTH
City-State-Zip:	JACKSONVILLE FL 32218

Title	VD
Name	ARNOLD, WENDY
Address	4942 GARDEN MOSS CIRCLE SOUTH
City-State-Zip:	JACKSONVILLE FL 32257

Title	SD
Name	HEYSEY, LOUISE
Address	4236 CLYDE DRIVE
City-State-Zip:	JACKSONVILLE FL 32208

Title	TD
Name	MOSLEY, ANGELA
Address	4820 CLYDE DRIVE
City-State-Zip:	JACKSONVILLE FL 32208

I hereby 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 all other like empowered.

SIGNATURE: TYRA WILKERSON**PRESIDENT****02/26/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date