

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000006292

**Entity Name:** STEP UP GENERATIONS, INC.**Current Principal Place of Business:**214 W GH WASHINGTON ST  
APOPKA, FL 32703**Current Mailing Address:**PO BOX 150266  
ALTAMONTE SPRINGS, FL 32715 US**FEI Number:** 90-0899807**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WILLIAMS, LAWANZA  
490 E. WARREN AVE.  
LONGWOOD, FL 32750 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	T
Name	BRATHER, SARETTA
Address	P.O. BOX 150113
City-State-Zip:	ALTAMONTE SPRINGS FL 32715

Title	D
Name	BELLMANY, PHILEMON E
Address	119 OAK AVE
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

Title	P
Name	WILLIAMS, LAWANZA
Address	P.O. BOX 150113
City-State-Zip:	ALTAMONTE SPRINGS FL 32715

Title	V
Name	HAYES, ANTONIA
Address	214 W GH WASHINGTON ST
City-State-Zip:	APOPKA FL 32703

Title	S
Name	WILLIAMS, LAWANZA
Address	P. O. BOX 150113
City-State-Zip:	ALTAMONTE SPRINGS FL 32715

*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:** LAWANZA WILLIAMS**PRESIDENT****04/28/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date