

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000000709

**Entity Name:** 12 STEP LIVING, INC.**Current Principal Place of Business:**21632 STATE ROAD 54  
LUTZ, FL 33549**Current Mailing Address:**21632 STATE ROAD 54  
LUTZ, FL 33549 US**FEI Number:** 46-1939282**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RYAN, SHERYL  
21632 STATE ROAD 54  
LUTZ, FL 33549 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	OT	Title	OT
Name	RYAN, SHERYL M	Name	WARD, JOSEPH
Address	21632 STATE ROAD 54	Address	14025 WAKE ROBIN DRIVE
City-State-Zip:	LUTZ FL 33549	City-State-Zip:	BROOKSVILLE FL 34604
Title	OT	Title	OT
Name	RICH, BRUCE	Name	REID, CECILIA
Address	4823 SUGAR PINE DRIVE	Address	728 WEST AVENUE
City-State-Zip:	BOCA RATON FL 33487	City-State-Zip:	COCOA FL 32927
Title	OT		
Name	FUCIK, DONALD		
Address	950 S PINE ISLAND ROAD		
City-State-Zip:	PLANTATION FL 33324		

*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:** SHERYL RYAN**MANAGER****03/30/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date