

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000000709

**Entity Name:** 12 STEP LIVING, INC.

**Current Principal Place of Business:**

129 FAIRMONT DRIVE  
SPRING HILL, FL 34609

**Current Mailing Address:**

129 FAIRMONT DRIVE  
SPRING HILL, FL 34609

**FEI Number:** 46-1939282

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RYAN, SHERYL  
129 FAIRMONT DRIVE  
SPRING HILL, FL 34609 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  
Name RYAN, SHERYL M  
Address 129 FAIRMONT DRIVE  
City-State-Zip: SPRING HILL FL 34609

Title OT  
Name WARD, JOSEPH  
Address 14025 WAKE ROBIN DRIVE  
City-State-Zip: BROOKSVILLE FL 34604

Title OT  
Name RICH, BRUCE  
Address 4823 SUGAR PINE DRIVE  
City-State-Zip: BOCA RATON FL 33487

Title OT  
Name REID, CECILIA  
Address 728 WEST AVENUE  
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

OT

02/16/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date