

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000004220

**FILED**  
**Mar 02, 2016**  
**Secretary of State**  
**CC7186124982**

**Entity Name:** FIRST STEP, INC. OF THE FIFTH JUDICIAL CIRCUIT

**Current Principal Place of Business:**

24 NE 1ST STREET  
ATTN: WENDY PRATT  
OCALA, FL 34470-6660

**Current Mailing Address:**

24 NE 1ST STREET  
ATTN: WENDY PRATT  
OCALA, FL 34470-6660 US

**FEI Number:** 59-3204052

**Certificate of Status Desired:** No

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

RICH, MARY S  
1802 NW 24TH COURT  
OCALA, FL 34475 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 P  
Name RICH, MARY S  
Address 1802 NW 24TH COURT  
City-State-Zip: Ocala FL 34475

Title V  
Name POPE, ELMA  
Address 1330 SE 80TH ST  
City-State-Zip: Ocala FL 34480

Title S  
Name PRATT, WENDY K  
Address 24 NE 1ST STREET  
City-State-Zip: Ocala FL

Title D  
Name DIETZ, FRED  
Address 109 SOUTH FLORIDA STREET  
City-State-Zip: BUSHNELL FL 33513

Title D  
Name BEVILLE, STEVE  
Address 204 NW 3RD AVE  
City-State-Zip: Ocala FL 34475

Title D  
Name CAMPBELL, JANICE  
Address 3145 N.E. 43RD PLACE  
City-State-Zip: Ocala FL 34479

Title DIRECTOR  
Name MILLER, WILLIAM  
Address 4224 SE 2ND LANE  
City-State-Zip: Ocala FL 34471

Title DIRECTOR  
Name RANKIN, LINDA  
Address 5731 NW 62 PLACE  
City-State-Zip: Ocala FL 34482

**Continues on page 2**

*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:** WENDY K. PRATT

**SECRETARY**

**03/02/2016**

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date

**Officer/Director Detail Continued :**

Title DIRECTOR, TREASURER  
Name PRATT-MAYNARD, TRACY  
Address 624 S. FLORA POINT  
City-State-Zip: INVERNESS FL 34450

Title DIRECTOR  
Name BROWN, WILLIE P  
Address PO BOX 490984  
City-State-Zip: LEESBURG FL 34749

Title DIRECTOR  
Name BLAIR, SANGI  
Address PO BOX 1388  
City-State-Zip: OCALA FL 34482