

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000004220

**Entity Name:** FIRST STEP, INC. OF THE FIFTH JUDICIAL CIRCUIT**Current Principal Place of Business:**6790 S.E. 52ND PLACE  
OCALA, FL 34472**Current Mailing Address:**6790 S.E. 52ND PLACE  
OCALA, FL 34472 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            PRESIDENT - DIRECTOR  
Name            ELMA, POPE  
Address        1330 S.E. 80TH STREET  
City-State-Zip: Ocala FL 34480

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

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

Title            DIRECTOR  
Name            RICH, MARY S.  
Address        1802 N.W. 24TH COURT  
City-State-Zip: Ocala FL 34475

Title            SECRETARY-DIRECTOR  
Name            PRATT, WENDY K.  
Address        6790 S.E. 52ND PLACE  
City-State-Zip: Ocala FL 34472

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

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

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

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*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 PRATT****SECRETARY****04/24/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name BROADWAY, CHARLES L.  
Address 865 W. MONTROSE STREET  
City-State-Zip: CLERMONT FL 34711

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