

2020 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:**6163 S.W. 165 COURT
OCALA, FL 34481 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 BROWN, WILLIE P
Address PO BOX 490984
City-State-Zip: LEESBURG FL 34749

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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 K. PRATT**SECRETARY-DIRECTOR****07/23/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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

Title VICE PRESIDENT-DIRECTOR
Name BLAIR, SANGI
Address P.O. BOX 1388
City-State-Zip: OCALA FL 34482