

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004220

FILED
Mar 27, 2021
Secretary of State
5275310624CC

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

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

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

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

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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

03/27/2021

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name DOUGLAS, FELECIA
Address 836 DARBY LANE
City-State-Zip: BROOKSVILLE FL 34601