

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 708810

(7)

1. Corporation Name

TWELVE STEP HOUSE, INC.

Principal Place of Business

205 SW 23RD ST.
FT LAUDERDALE FL 33315

Mailing Address

205 SW 23RD ST.
FT LAUDERDALE FL 33315



3. Date Incorporated or Qualified

04/14/1965

3a. Date of Last Report

03/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STICKNEY, GORDON E.
237 SOUTHWEST 20 STREET
FORT LAUDERDALE FL 33315

81 Name

SUSAN A. JOHNSON

82 Street Address (P.O. Box Number is Not Acceptable)

1534 NO. 58TH AVE.

83

84 City

HOLLYWOOD

FL

85 Zip Code

33021

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Susan A. Johnson

5/18/96

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE

NAME STICKNEY, GORDON E.
STREET ADDRESS 237 SW 20 STREET
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE VP ☒ DELETE

NAME TEMPLE, JIM
STREET ADDRESS 1120 SW 28 STREET
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE T ☒ DELETE

NAME BRIKA, CARL
STREET ADDRESS 5521 SW 37 STREET
CITY-ST-ZIP DAVE FL

TITLE FD ☒ DELETE

NAME CARVALLO, CATHY
STREET ADDRESS 4731 NE 5 TERRACE
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE S ☒ DELETE

NAME STICKNEY, LILLAN
STREET ADDRESS 237 SW 20 STREET
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE TD ☒ DELETE

NAME DELGADO, SAM
STREET ADDRESS 2015 HARRISON ST.
CITY-ST-ZIP HOLLYWOOD FL 33020

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME SUSAN A. JOHNSON
1.3 STREET ADDRESS 1534 NO. 58TH AVE.
1.4 CITY-ST-ZIP HOLLYWOOD, FL 33021

2.1 TITLE VICE-PRES. ☐ Change ☒ Addition

2.2 NAME TERRY BROWN
2.3 STREET ADDRESS 822 SW. 26TH CT
2.4 CITY-ST-ZIP FT. LAUD. 33315

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME TREASURER TD
3.3 STREET ADDRESS VICTORIA BONDY
1141 SW. 29TH ST. #8
3.4 CITY-ST-ZIP FT LAUDERDALE, FL 33315

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME SECRETARY SD
4.3 STREET ADDRESS CACOLYN McLAUGHLIN
306 GARDENS DR. #202
4.4 CITY-ST-ZIP POMPANO, FL 33069

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME 300001879123
5.3 STREET ADDRESS -06/28/96--01038--039
5.4 CITY-ST-ZIP ***61.25

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 changed, or on an attachment with an address.

SIGNATURE:

Susan A. Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96

Date

(954) 523-4984

Daytime Phone #

CR2E037 (12/95)