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7-30-97 B-8067 C
FILE NOW: FILING FEE IS \$61.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 708810 (7)
1. Corporation Name
TWELVE STEP HOUSE, INC.

Principal Place of Business Mailing Address
205 SW 23RD ST. 205 SW 23RD ST.
FT LAUDERDALE FL 33315 FT LAUDERDALE FL 33315-2538

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		04/14/1965		06/27/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		59-1055021		Not Applicable	
24 Zip		29 Zip		5. Certificate of Status Desired		8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
26		31		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, GUGAN A.
4604 N. 50TH AVE.
HOLLYWOOD FL 33024

81 Name GARY MARBLE
82 Street Address (P.O. Box Number is Not Acceptable) 2561 E. SHERBOURNE
83
84 City COPPER CITY FL 85 Zip Code 33026

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 [Signature] DATE 8-15-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, GUGAN A.		1.2 NAME	JUDY B. KOLLAN	
STREET ADDRESS	4604 N 50TH AVE.		1.3 STREET ADDRESS	2561 E SHERBOURNE	
CITY-ST-ZIP	HOLLYWOOD FL 33024		1.4 CITY-ST-ZIP	COPPER CITY FL 33026	
TITLE	Pres	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, TERRY		2.2 NAME	JUDY B. KOLLAN	
STREET ADDRESS	822 SW 28TH CT		2.3 STREET ADDRESS	2965 S.W. 13 AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33315		2.4 CITY-ST-ZIP	FT LAUDERDALE FL 33315	
TITLE	TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOADY, VICTORIA		3.2 NAME	Diane Sampson-Smith	
STREET ADDRESS	1141 SW 28TH CT. #6		3.3 STREET ADDRESS	2300 Griffin Rd. #110	
CITY-ST-ZIP	FT LAUDERDALE FL 33315		3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33312	
TITLE	SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOBACHIAN, GARDOWN		4.2 NAME	DICK C. GARDON	
STREET ADDRESS	308 GARDEN DR. #202		4.3 STREET ADDRESS	151 SW 22 AVE	
CITY-ST-ZIP	POMPANO FL 33069		4.4 CITY-ST-ZIP	FT LAUDERDALE FL 33315	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

4-12-97

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