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Jan 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

**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

4. FEI Number

59-1055021

Applied For

Not Applicable

2. Principal Place of Business

21 205 SW 23rd ST

Suite, Apt. #, etc.

22

City & State

23 Ft. Lauderdale, FL

Zip

24 33315

Country

25 Broward

2a. Mailing Address

26 205 SW 23rd ST

Suite, Apt. #, etc.

27

City & State

28 Ft. Lauderdale, FL

Zip

29 33315

Country

30 Broward

6. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year tangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MANDEL, GARY
2501 E. SACATEGO
COOPER CITY FL 33026**

81 Name

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

83 2561 E SARATOGA DRIVE

84 City Cooper 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]
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 **TP** ☐ DELETE

NAME **BLAKEMAN, JUDY**

STREET ADDRESS **111 NITTARWAY**

CITY-ST-ZIP **DAVE FL 33324**

TITLE **TP** ☐ DELETE

NAME **DANIELS, K**

STREET ADDRESS **2985 S. WILLS AVE.**

CITY-ST-ZIP **FT. LAUDERDALE FL 33345**

TITLE **TD** ☐ DELETE

NAME **SAMPSON-SMITH, DIANE**

STREET ADDRESS **2300 GRIFFIN ROAD #110**

CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

TITLE **TS** ☐ DELETE

NAME **WARD, DICK**

STREET ADDRESS **1151 S.W. 32 STREET**

CITY-ST-ZIP **FT. LAUDERDALE FL 33315**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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.

SIGNATURE *[Signature]*

CR2E037 (10/97)