

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708810

FILED
Apr 28, 2009
Secretary of State

Entity Name: TWELVE STEP HOUSE, INC.

Current Principal Place of Business:

205 SW 23RD ST.
FT LAUDERDALE, FL 33315

New Principal Place of Business:

Current Mailing Address:

205 SW 23RD ST.
FT LAUDERDALE, FL 33315

New Mailing Address:

FEI Number: 59-1055021

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANDEL, GARY
10811 LISBON STREET
COOPER CITY, FL 33026 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: TP () Delete
Name: BLAKEMAN, JUDY
Address: 111 NITTARWAY
City-St-Zip: DAVIE, FL 33324

Title: P () Delete
Name: WRIGHT, MICHAEL R
Address: 2717 NE 6TH LANE
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: TS () Delete
Name: WARD, DICK
Address: 1151 S.W. 32 STREET
City-St-Zip: FT. LAUDERDALE, FL 33315

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL WRIGHT

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date