

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 726452

1. Entity Name

FIRST STEP, INC.



FILED
May 06, 2005 08:00 AM
Secretary of State

Principal Place of Business
1221 TURNER STREET
103
CLEARWATER FL 33756
US

Mailing Address
1221 TURNER STREET
103
CLEARWATER FL 33756
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

23-7366654

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LYON, CHARLES
3025 LEPRECHAUN LANE
PALM HARBOR FL 34683

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DEVILAMING, DENIS	
STREET ADDRESS	1101 TURNER STREET	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRANDSTADTER-PALMER, GEORGIA D	
STREET ADDRESS	106 FIRST STREET EAST, I-208	
CITY-ST-ZIP	TIERRA VERDE FL 33715	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LYON, CHARLES	
STREET ADDRESS	3025 LEPRECHAUN LANE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCABE, BERNARD	
STREET ADDRESS	PO BOX 5028	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOSS, DEBRA	
STREET ADDRESS	14250 49TH STREET N.	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	D	<input type="checkbox"/> Delete
NAME	HELLICKSON, JAMES	
STREET ADDRESS	PO BOX 5028	
CITY-ST-ZIP	CLEARWATER FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1000000364454	
STREET ADDRESS	05/06/05-80043-003 61.25	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/4/05 (227) 461-0025