2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# 726452

Entity Name: FIRST STEP, INC.

Current Principal Place of Business:

1221 TURNER STREET
103
CLEARWATER, FL 33756 US

New Principal Place of Business:

Current Mailing Address:

1221 TURNER STREET
103
CLEARWATER, FL 33756 US

New Mailing Address:

FEI Number: 23-7366654 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LYON, CHARLES
3025 LEPRECHAUN LANE
PALM HARBOR, FL 34683 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:	P	( ) Delete
Name:	DEVLAMING, DENIS	
Address:	1101 TURNER STREET	
City-St-Zip:	CLEARWATER, FL 33756	
Title:	VP	( ) Delete
Name:	HART, LARRY	
Address:	7614 MASSACHUTSETTS AVE	
City-St-Zip:	NEW PORT RICHEY, FL 34653	
Title:	TD	( ) Delete
Name:	LYON, CHARLES,	
Address:	3025 LEPRECHAUN LANE	
City-St-Zip:	PALM HARBOR, FL 34683	
Title:	D	( ) Delete
Name:	MCCABE, BERNARD	
Address:	PO BOX 5028	
City-St-Zip:	CLEARWATER, FL	
Title:	D	( ) Delete
Name:	MOSS, DEBRA	
Address:	14250 49TH STREET N.	
City-St-Zip:	CLEARWATER, FL 33762	
Title:	D	( ) Delete
Name:	HELLICKSON, JAMES	
Address:	PO BOX 5028	
City-St-Zip:	CLEARWATER, FL	

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:	
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: DENIS DEVLAMING PRES 03/05/2009
Electronic Signature of Signing Officer or Director — Date