FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **731978** **(3)**

1. Corporation Name

FIRST STEP, INC. OF POLK COUNTY

Principal Place of Business	Mailing Address
970 E MAIN ST BARTOW FL 33830	970 E MAIN ST BARTOW FL 33830

3. Date Incorporated or Qualified: **02/25/1975**

3a. Date of Last Report: **02/20/1995**

4. FEI Number: **59-1628244** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HANSEN, RICHARD H.
2125 CRYSTAL GROVE DR
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	KRIPLEAN, JOHN C.		12 NAME		
STREET ADDRESS	6730 CARRIAGE LN		13 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		14 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	RUSTER, WILLIAM J		22 NAME		
STREET ADDRESS	835 BEAR CREEK DR.		23 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL		24 CITY-ST-ZIP		
TITLE	S	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	HANSEN, RICHARD H		32 NAME		
STREET ADDRESS	2125 CRYSTAL GROVE DR		33 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		34 CITY-ST-ZIP		
TITLE	D	☒ DELETE	41 TITLE	D	☒ Change ☐ Addition
NAME	ARNOLD, BRUCE E		42 NAME	ANDERSON, PATRIC Ph D	
STREET ADDRESS	4305 INVERNESS ST		43 STREET ADDRESS	FLORIDA SOUTHERN COLLEGE	
CITY-ST-ZIP	LAKELAND FL		44 CITY-ST-ZIP	LAKELAND, FL	
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	BURNETTE, RICHARD R		52 NAME		
STREET ADDRESS	FLORIDA SOUTHERN COLLEGE		53 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		54 CITY-ST-ZIP		
TITLE	D	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	HILL, JERRY P, STATE ATT		62 NAME		
STREET ADDRESS	255 N BROADWAY		63 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL		64 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: John C. Kripleau JOHN C. KRIPLEAN 2/6/96 941-534-7010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)