

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731978

FILED
Jul 12, 2005
Secretary of State

Entity Name: FIRST STEP, INC. OF POLK COUNTY

Current Principal Place of Business:

2124 CRYSTAL GROVE DR
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

2124 CRYSTAL GROVE DR
LAKELAND, FL 33801

New Mailing Address:

FEI Number: 59-1628244 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CRISS, STEVE
2124 CRYSTAL GROVE DR
LAKELAND, FL 33801 US

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: CRISS, STEVE
Address: 2124 CRYSTAL GROVE DR
City-St-Zip: LAKELAND, FL 33801

Title: VP () Delete
Name: SIMPSON, NANCY
Address: 2124 CRYSTAL GROVE DR
City-St-Zip: LAKELAND, FL 33801

Title: T () Delete
Name: HUMMEL, ERICH
Address: 10800 EVANS RD
City-St-Zip: POLK CITY, FL 338686925

Title: S () Delete
Name: LATTIG, BOB
Address: 2124 CRYSTAL GROVE DR
City-St-Zip: LAKELAND, FL 33801

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STEVE CRISS

P

07/12/2005

Electronic Signature of Signing Officer or Director

Date