

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005809

FILED  
May 07, 2008  
Secretary of State

**Entity Name:** STEP IN FAITH OUTREACH CHURCH INC.

**Current Principal Place of Business:**

2920 HIGHLAND LK DR  
DELTONA, FL 32738

**New Principal Place of Business:**

2920 HIGHLAND LKS DR  
DELTONA, FL 32738

**Current Mailing Address:**

P.O.BOX 390564  
DELTONA, FL 32738

**New Mailing Address:**

2920 HIGHLAND LKS DR  
DELTONA, FL 32738

**FEI Number:** 31-1768346      **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:**

RAMOS, WILFREDO  
2920 HIGHLAND LK DR  
DELTONA, FL 32738      US

**Name and Address of New Registered Agent:**

RAMOS, WILFREDO  
2920 HIGHLAND LKS DR  
DELTONA, FL 32738      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: \_\_\_\_\_

05/07/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: RAMOS, WILFREDO  
Address: 2920 HIGHLAND LK DR  
City-St-Zip: DELTONA, FL 32738

Title: D      ( ) Delete  
Name: RAMOS, DELIA M  
Address: 2920 HIGHLAND LK DR  
City-St-Zip: DELTONA, FL 32738

Title: S      ( ) Delete  
Name: OLIVERAS, NATASHA  
Address: 1030 REGAL POINTE TERR  
City-St-Zip: LAKE MARY, FL 32746

Title: D      ( ) Delete  
Name: RAMIERZ, JOSE  
Address: 1030 REGAL POINTE TERR  
City-St-Zip: LAKE MARY, FL 32746

Title: D      ( ) Delete  
Name: PEREZ, HECTOR  
Address: 1072 HABOR DRIVE  
City-St-Zip: DELTONA, FL 32738

Title: D      ( ) Delete  
Name: MATTHEWS, MARK  
Address: 132 AURELIA COURT  
City-St-Zip: KISSIMMEE, FL 34758

**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:

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: WILFREDO RAMOS

P

05/07/2008

Electronic Signature of Signing Officer or Director

Date