

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

0079164

**DOCUMENT # N00000006570**

1. Entity Name

**FOOTSTEPS MINISTRIES, INC.**

05-10-2001 90183 031 \*\*\*\*\*61.25

Principal Place of Business

5151 SE 44TH AVE. RD.  
 Ocala FL 34480

Mailing Address

5151 SE 44TH AVE. RD.  
 Ocala FL 34480

2. Principal Place of Business

4268 SE 51<sup>ST</sup> Place

3. Mailing Address

4268 SE 51<sup>ST</sup> Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ocala FL

City & State

Ocala FL

4. FEI Number

not applicable

Applied For

☒ Not Applicable

Zip

34480

Country

USA

Zip

34480

Country

USA

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

6. Name and Address of Current Registered Agent

ROBERTS, BENJAMIN W  
 5151 SE 44TH AVE. RD.  
 Ocala FL 34480

7. Name and Address of New Registered Agent

Name Benjamin W Roberts

Street Address (P.O. Box Number is Not Acceptable)  
 4268 SE 51<sup>ST</sup> Place

City Ocala

FL

Zip Code 34480

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.

SIGNATURE

*Benjamin W. Roberts*

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

(NOTE: Registered Agent signature required when reinstating)

4.19.2001

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
 NAME ROBERTS, BENJAMIN W  
 STREET ADDRESS 5151 SE 44TH AVE. RD.  
 CITY-ST-ZIP Ocala FL 34480 ☐ Delete

TITLE SD  
 NAME ROBERTS, PAIGE A  
 STREET ADDRESS 5151 SE 44TH AVE. RD.  
 CITY-ST-ZIP Ocala FL 34480 ☐ Delete

TITLE TD  
 NAME ROBERTS, JERRY L  
 STREET ADDRESS 950 TAVARES RD.  
 CITY-ST-ZIP POLK CITY FL 33868 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

*Benjamin W. Roberts*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.19.2001 352-895-0888

Date

Daytime Phone #

CR2E037 (10/00)