

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000006570

FILED  
Sep 15, 2002  
Secretary of State

Entity Name: FOOTSTEPS MINISTRIES, INC.

## Current Principal Place of Business:

4268 SE 51ST PLACE  
OCALA, FL 34480

## New Principal Place of Business:

## Current Mailing Address:

4268 SE 51ST PLACE  
OCALA, FL 34480

## New Mailing Address:

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBERTS, BENJAMIN W  
4268 SE 51ST PLACE  
OCALA, FL 34480

## 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: PD ( ) Delete  
Name: ROBERTS, BENJAMIN W  
Address: 5151 SE 44TH AVE. RD.  
City-St-Zip: OCALA, FL 34480

Title: SD ( ) Delete  
Name: ROBERTS, PAIGE A  
Address: 5151 SE 44TH AVE. RD.  
City-St-Zip: OCALA, FL 34480

Title: TD ( ) Delete  
Name: ROBERTS, JERRY L  
Address: 950 TAVARES RD.  
City-St-Zip: POLK CITY, FL 33868

## 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:

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: BENJAMIN W ROBERTS

PD

09/15/2002

Electronic Signature of Signing Officer or Director

Date