

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006570

FILED
Aug 23, 2004
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:**4460 SW 20TH AVENUE
OCALA, FL 34474**Current Mailing Address:**4268 SE 51ST PLACE
OCALA, FL 34480**New Mailing Address:**4460 SW 20TH AVENUE
OCALA, FL 34474**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:**ROBERTS, BENJAMIN W
4460 SW 20TH AVENUE
OCALA, FL 34474

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: _____

08/23/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: ROBERTS, BENJAMIN W
Address: 4268 SE 51ST PLACE
City-St-Zip: OCALA, FL 34480Title: SD () Delete
Name: ROBERTS, PAIGE A
Address: 4268 SE 51ST PLACE
City-St-Zip: OCALA, FL 34480Title: TD () Delete
Name: ROBERTS, NANCY C
Address: 984 TAVARES ROAD
City-St-Zip: POLK CITY, FL 33868**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change () Addition
Name: ROBERTS, BENJAMIN W
Address: 4460 SW 20TH AVENUE
City-St-Zip: OCALA, FL 34474Title: SD (X) Change () Addition
Name: ROBERTS, PAIGE A
Address: 4460 SW 20TH AVENUE
City-St-Zip: OCALA, FL 34474Title: () 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

08/23/2004

Electronic Signature of Signing Officer or Director

Date