2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003
Secretary of State

DOCUMENT# N00000006570

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: PD (X) Change ( ) Addition
Name: ROBERTS, BENJAMIN W
Address: 4268 SE 51ST PLACE
City-St-Zip: OCALA, FL 34480

Title: SD (X) Change ( ) Addition
Name: ROBERTS, PAIGE A
Address: 4268 SE 51ST PLACE
City-St-Zip: OCALA, FL 34480

Title: TD (X) Change ( ) Addition
Name: ROBERTS, NANCY C
Address: 984 TAVARES ROAD
City-St-Zip: POLK CITY, FL 33868

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 ROBERTS PD 04/09/2003

Electronic Signature of Signing Officer or Director — Date