

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008009

Entity Name: S.T.E.P. MINISTRIES, INC.

FILED  
Apr 29, 2008  
Secretary of State

## Current Principal Place of Business:

6751 POT-O-GOLD LANE  
ORLANDO, FL 32809

## New Principal Place of Business:

## Current Mailing Address:

6751 POT-O-GOLD LANE  
ORLANDO, FL 32809

## New Mailing Address:

FEI Number: 59-3681060

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHRISTOPHER, VIRGINIA L  
6751 POT-O-GOLD LANE  
ORLANDO, FL 32809 US

## 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: D ( ) Delete  
Name: CHRISTOPHER, VIRGINIA L  
Address: 6751 POT-O-GOLD LANE  
City-St-Zip: ORLANDO, FL 32809

Title: D ( ) Delete  
Name: WILSON, NANCY  
Address: 5901 AUGUSTA NATIONAL DR #208  
City-St-Zip: ORLANDO, FL 32822

Title: D ( ) Delete  
Name: ANTHONY, MARGARET  
Address: 1442 NOLAN COURT  
City-St-Zip: ORLANDO, FL 32814

Title: D ( ) Delete  
Name: VESCOVI, JANET S  
Address: 2742 RAINBOW SPRINGS LANE  
City-St-Zip: ORLANDO, FL 32828

Title: D ( ) Delete  
Name: SANBORN, KATHLEEN  
Address: 4837 BIG OAKS LANE  
City-St-Zip: ORLANDO, FL 32806

## 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: VIRGINIA L. CHRISTOPHER

PRES

04/29/2008

Electronic Signature of Signing Officer or Director

Date