

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009112

FILED
Mar 21, 2012
Secretary of State

Entity Name: STEPS TO RECOVERY, INC.

Current Principal Place of Business:

4527 CROTON DR.
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

PO BOX 1117
ELFERS, FL 34680

New Mailing Address:

FEI Number: 57-1199597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MATYUS, MARILYN
4853 BLUE HERON DR
NEW PORT RICHEY, FL 34652 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: P/D
Name: MATYUS, MARILYN
Address: 4853 BLUE HERON DR.
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: VP/D
Name: BAKER, DONALD
Address: 5126 HILLSIDE DR.
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: S/T/
Name: SNYDER, ANNETTE
Address: 14238 ULYSSES DR.
City-St-Zip: HUDSON, FL 34667 US

Title: D
Name: CIMINNA, MICHAEL
Address: 35111 US HWY 19 SUITE 301
City-St-Zip: PALM HARBOR, FL, FL 34684 US

Title: D
Name: NELSON, PAULA DR.
Address: 1340 LAKE POLO DR..
City-St-Zip: ODESSA, FL 33556 US

Title: D
Name: MAZUR, PHIL
Address: 11485 OAKHURST RD. BLDG 200 APT 221
City-St-Zip: LARGO,, FL 34668 US

I hereby 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 all other like empowered.

SIGNATURE: MARILYN MATYUS

P

03/21/2012

Electronic Signature of Signing Officer or Director

Date