2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011394

Entity Name: FAITHSTEP, INC.

FILED May 03, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

428 CHILDERS STREET 15156 SPINNAKER COVE LANE 2964 WINTER GARDEN, FL 34787

PENSACOLA, FL 32534

Current Mailing Address: New Mailing Address:

428 CHILDERS STREET
2964
PENSACOLA, FL 32534

15156 SPINNAKER COVE LANE
WINTER GARDEN, FL 34787

FEI Number: 20-3730234 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WRIGHT, JOHN M
WRIGHT, JOHN M

428 CHILDERS STREET

2964

PENSACOLA, FL 32513 US

15156 SPINNAKER COVE LANE
WINTER GARDEN, FL 34787 US

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: 05/03/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DP () Delete
 Title:
 DP (X) Change () Addition

 Name:
 WRIGHT, JOHN M
 Name:
 WRIGHT, JOHN M

 Address:
 PO BOX 2430 PMB 2964
 Address:
 15156 SPINNAKER COVE LANE

Address: PO BOX 2430 PMB 2964 Address: 15156 SPINNAKER COVE LANE
City-St-Zip: PENSACOLA, FL 32513 City-St-Zip: WINTER GARDEN, FL 34787

Title: DS () Delete Title: DS (X) Change () Addition Name: WRIGHT, SUSAN B Name: WRIGHT, SUSAN B

 Address:
 PO BOX 2430 PMB 2964
 Address:
 15156 SPINNAKER COVE LANE

 City-St-Zip:
 PENSACOLA, FL 32513
 City-St-Zip:
 WINTER GARDEN, FL 34787

Title: DT () Delete Title: () Change () Addition

 Name:
 STOGNER, TILLMAN S
 Name:

 Address:
 ROUTE 2 BOX 171B
 Address:

 City-St-Zip:
 BOGALUCA, LA 70427
 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: SUSAN B WRIGHT DS 05/03/2007