## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000001784

Apr 23, 2007 Secretary of State

Entity Name: NEXT STEP MINISTRIES INTERNATIONAL, INC.

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

9450 SWAN WAY

N. FT. MYERS, FL 33917

3523 BILLINGHAM LANE
NORTH PORT, FL 34288

Current Mailing Address: New Mailing Address:

9450 SWAN WAY 3523 BILLINGHAM LANE N. FT. MYERS, FL 33917 NORTH PORT, FL 34288

FEI Number: 20-3885455 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MCKEATON, BARBARA M
9450 SWAN WAY
N. FT. MYERS, FL 33917
US

MCKEATHON, BARBARA M
3523 BILLINGHAM LANE
NORTH PORT, FL 34288
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: CHARLINA L LOWRIE 04/23/2007

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: ADD

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: LOWRIE, CHARLINA L LOWRIE, CHARLINA L

 Address:
 2962 PARKSIDE DR.
 Address:
 3523 BILLINGHAM LANE

 City-St-Zip:
 JENISON, MI K49428
 City-St-Zip:
 NORTH PORT, FL 34288

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: MCKEATHON, BARBARA M Name: MCKEATHON, BARBARA M

Name: MCKEATHON, BARBARA M Name: MCKEATHON, BARBARA M
Address: 9450 SWAN WAY Address: 3523 BILLINGHAM LANE
City-St-Zip: N. FT. MYERS, FL 33917 City-St-Zip: NORTH PORT, FL 34288

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$ 

 Name:
 HILDRETH, WILLIAM C
 Name:
 HILDRETH, WILLIAM C

 Address:
 4274 THOMPSON RD.
 Address:
 4050 SANTA ANA

 City-St-Zip:
 MUSKEGON, MI 49441
 City-St-Zip:
 NORTH PORT, FL 34286

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLINA L LOWRIE D 04/23/2007