

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 20, 2008
Secretary of State**

DOCUMENT# N06000001784

Entity Name: NEXT STEP MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

3523 BILLINGHAM LANE
NORTH PORT, FL 34288

New Principal Place of Business:

Current Mailing Address:

3523 BILLINGHAM LANE
NORTH PORT, FL 34288

New Mailing Address:

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

Name and Address of Current Registered Agent:

MCKEATHON, BARBARA M
3523 BILLINGHAM LANE
NORTH PORT, FL 34288 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: LOWRIE, CHARLINA L
Address: 3523 BILLINGHAM LANE
City-St-Zip: NORTH PORT, FL 34288

Title: D () Delete
Name: MCKEATHON, BARBARA M
Address: 3523 BILLINGHAM LANE
City-St-Zip: NORTH PORT, FL 34288

Title: D () Delete
Name: HILDRETH, WILLIAM C
Address: 4050 SANTA ANA
City-St-Zip: NORTH PORT, FL 34286

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HILDRETH, WILLIAM C
Address: 4052 SANTA ANA
City-St-Zip: NORTH PORT, FL 34286

Title: D () Change (X) Addition
Name: TAYLOR, DARNISHA N
Address: 1369 SEYMOUR CIRCLE
City-St-Zip: LINCOLN, CA 95648

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: BARBARA M MCKEATHON

D

04/20/2008

Electronic Signature of Signing Officer or Director

_____ Date