

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001784

FILED  
Apr 08, 2009  
Secretary of State

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 (X)

**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: 4052 SANTA ANA  
City-St-Zip: NORTH PORT, FL 34286

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

**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: D      (X) Change ( ) Addition  
Name: TAYLOR, DARNISHA N  
Address: 2273 RIVER PLAZA DR APT. 424  
City-St-Zip: SACRAMENTO, CA 95833

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: CHARLINA L LOWRIE

D

04/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date