

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006627

FILED
Apr 29, 2009
Secretary of State

Entity Name: STEP IT UP RECOVERY CENTER, INC.

Current Principal Place of Business:

2738 SW DISTRICT AVENUE
PORT ST LUCIE, FL 349535830

New Principal Place of Business:

508 CENTRAL PARK DRIVE
SANFORD, FL 32771

Current Mailing Address:

2738 SW DISTRICT AVENUE
PORT ST LUCIE, FL 349535830

New Mailing Address:

508 CENTRAL PARK DRIVE
SANFORD, FL 32771

FEI Number: 26-2998891

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFFMANN, KENNETH A
1212 EAST HANCOCK DRIVE
DELTONA, FL 327256428 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: DPT () Delete
Name: RIEDEL, LIZA
Address: 2738 SW DISTRICT AVENUE
City-St-Zip: PORT ST LUCIE, FL 349535830

Title: DV () Delete
Name: HOFFMANN, KENNETH A
Address: 1212 EAST HANCOCK DRIVE
City-St-Zip: DELTONA, FL 327256428

Title: D () Delete
Name: VAN CASTEREN, JOHANNA
Address: 3322 GLENSHANE WAY
City-St-Zip: ORMOND BEACH, FL 321742820

Title: DS () Delete
Name: PERLA, AMANDA
Address: 2738 SW DISTRICT AVE
City-St-Zip: PORT ST LUCIE, FL 349535830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: RIEDEL, LIZA
Address: 2105 FALMOUTH ROAD
City-St-Zip: MAITLAND, FL 327513513

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

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

Title: DS (X) Change () Addition
Name: PERLA, AMANDA
Address: 2105 FALMOUTH ROAD
City-St-Zip: MAITLAND, FL 327513513

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: KENNETH A. HOFFMANN

DV

04/29/2009

Electronic Signature of Signing Officer or Director

Date