

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006627

FILED  
Apr 27, 2011  
Secretary of State

**Entity Name:** STEP IT UP RECOVERY CENTER, INC.

**Current Principal Place of Business:**

508 CENTRAL PARK DRIVE  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

508 CENTRAL PARK DRIVE  
SANFORD, FL 32771

**New Mailing Address:**

**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  
Name: RIEDEL, LIZA  
Address: 2105 FALMOUTH ROAD  
City-St-Zip: MAITLAND, FL 327513513

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

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

Title: DS  
Name: PERLA, AMANDA  
Address: 2105 FALMOUTH ROAD  
City-St-Zip: MAITLAND, FL 327513513

I hereby 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 all other like empowered.

SIGNATURE: KENNETH A. HOFFMANN

DV

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date