

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000004048

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** STEPPING IN MY SEASONS SENIORS LIVING FACILITIES, INC.

**Current Principal Place of Business:**

8173 N UNIVERSITY DRIVE #84  
TAMARAC, FL 33321

**New Principal Place of Business:**

**Current Mailing Address:**

8173 N UNIVERSITY DRIVE #84  
TAMARAC, FL 33321

**New Mailing Address:**

**FEI Number:** 26-4654902

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOHNSON, NICOLE V  
LAW OFFICE OF NICOLE VALERIE JOHNSON, P.A.  
26866 WATERBROOK WAY  
TALLAHASSEE, FL 32312 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  
**Name:** WILLIAMS, AUDERY  
**Address:** 8173 N UNIVERSITY DRIVE #84  
**City-St-Zip:** TAMARAC, FL 33321

**Title:** D  
**Name:** FRANCIS, GLADYS R  
**Address:** 5131 W OAKLAND PARK BLVD #L-112  
**City-St-Zip:** LAUDERDALE LAKES, FL 33313

**Title:** D  
**Name:** MARSH, IVY  
**Address:** 8581 IVERRARY DRIVE #205  
**City-St-Zip:** LAUDERDALE, FL 33319

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:** AUDREY RILEY WILLIAMS

MRS

04/27/2012

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

\_\_\_\_\_  
Date