

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N17693

1. Entity Name
FIRST STEP, INC. OF BAY COUNTY



Principal Place of Business
**3621 W HWY 390
PANAMA CITY, FL 32405 US**

Mailing Address
**3621 W HWY 390
PANAMA CITY, FL 32405 US**



01032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2802371	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHAMBERS, MICHAEL L
3621 W HWY 390
PANAMA CITY, FL 32405**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, TUNIE 4000 E 3RD ST PANAMA CITY, FL 32404
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LISTER, DAYTON 504 3RD ST PORT ST JOE, FL 32456
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHITE, JO ANN 1423 KRAFT AVE PANAMA CITY, FL 32401
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FINE, SARAH B 1013 BECK AVE PANAMA CITY, FL 32401
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000628879
02/16/07-80033-019 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sarah B. Fine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/07 (850) 872-4139
Date Daytime Phone #