2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39667

FILED Jul 12, 2007 Secretary of State

Entity Name: INSTEP, INCORPORATED OF JACKSONVILLE

Surrent F	rincipal Place of Business:	New Principal Place of Business:
5379 LEN JACKSON	OX AVE NVILLE, FL 32205	
Current N	Mailing Address:	New Mailing Address:
5711 MAR JACKSON	RLIN CT. NVILLE, FL 32277	
n accordar	r: 59-3028274 FEI Number Applied For () nce with s. 607.193(2)(b), F.S., the corporation did d Address of Current Registered Agent:	FEI Number Not Applicable () Certificate of Status Desired () not receive the prior notice. Name and Address of New Registered Agent:
5711 MAF	OSON, THEODORE RLIN COURT NVILLE, FL 32277 US	
	e named entity submits this statement for the e of Florida.	e purpose of changing its registered office or registered agent, or both
SIGNATU	RE:	
	Electronic Signature of Registered A	gent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO
OFFICER Title: Name: Address: City-St-Zip:	S AND DIRECTORS: PD () Delete WASHINGTON, STEWARD E. 1625 W. 17TH ST. JACKSONVILLE, FL 32209	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address: City-St-Zip:
Fitle: Name: Address:	PD () Delete WASHINGTON, STEWARD E. 1625 W. 17TH ST.	Title: () Change () Addition Name: Address:
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	PD () Delete WASHINGTON, STEWARD E. 1625 W. 17TH ST. JACKSONVILLE, FL 32209 SD () Delete WILLIAMS, LEATRICE, 2074 W. 15TH ST.	Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
Title: Name: Address: Dity-St-Zip: Title: Name: Address: Dity-St-Zip: Title: Name: Name: Name: Name: Name:	PD () Delete WASHINGTON, STEWARD E. 1625 W. 17TH ST. JACKSONVILLE, FL 32209 SD () Delete WILLIAMS, LEATRICE, 2074 W. 15TH ST. JACKSONVILLE, FL TD () Delete PARKER-BELL, BERNICE 1482 E. 25TH ST.	Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip:

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: STEWARD E. WASHINGTON P 07/12/2007