2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N39667

1. Entity Name

INSTEP, INCORPORATED OF JACKSONVILLE



Apr 24, 2003 8:00 am Secretary of State 04-24-2003 90208 023 ****61.25

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5379 LENOX AVE 5711		5711 M	Mailing Address 711 MARLIN CT. ACKSONVILLE FL 32277					·				
-2. Principal F	Place of Business	3. Mai	ling Address									
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.									
City & State			City & State				4. FEI Number 59-3028274 Applied For					
		CII	ty & State			4. FEIN	umber 59	-3028274 			opiled For ot Applicable	1
Zip Country		Zip	Zip		Country					\$8.75 Additional Fee Required		
	6. Name and Address of Curre	ent Registere	ed Agent			7. Name	and Add	ress of New F	legistered A	gent]
DIG:1455	AAN THOMAS IN				Name							
5711 MAI	SON, THEODORE				Street Addre	ss (P.O. Box N	umber is N	lot Acceptable)			
JACKSON	NVILLE FL 32277						_					
					City				FL	Zip Cod	le	
	e named entity submits this statemen tions of registered agent.	it for the purp	ose of changing its	register	ed office or regi	stered agent, o	or both, in t	the State of Flo	orida. I am fa	miliar with,	and accept	
	Signature, typed or printed name of registered ag	gent and title if app	blicable. (NOTE	E: Registere	ed Agent signature rec	uired when reinstatir	ng)		DATE			
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			A 51		S. Election Campaign Financing Trust Fund Contribution.						The second second	1 500
1	FILE NOW: FEE IS \$61.25				· · ·	\$5.00 N Added to			ke Check la Depart			
10.	FILE NOW: FEE IS \$61.25 OFFICERS AND	DIRECTORS	Trust Fund C		ion.	Added to	Fees		da Departi	nent of	State	
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10. TITLE NAME	OFFICERS AND PD WASHINGTON, STEWARD E.	DIRECTORS	Trust Fund C	11. TITU	E E	Added to	Fees	Florid	da Departi	nent of	State I 10	(10/02)
10.	OFFICERS AND	DIRECTORS	Trust Fund C	11. TITU	ion. E	Added to	Fees	Florid	da Departi	nent of	State I 10	037 (10/02)
10. TITLE NAME STREET ADDRESS	OFFICERS AND PD WASHINGTON, STEWARD E. 1625 W. 17TH ST. JACKSONVILLE FL	DIRECTORS	Trust Fund C	11. TITU	E IE EET ADDRESS -ST-ZIP	Added to	Fees	Florid	da Departi	nent of	State I 10	CR2E037 (10/02)
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: