

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44776

FILED
Sep 05, 2005
Secretary of State

Entity Name: FIRST STEPS OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

BOX 351095
JACKSONVILLE, FL 32235

New Principal Place of Business:

Current Mailing Address:

BOX 351095
JACKSONVILLE, FL 32235

New Mailing Address:

FEI Number: 59-3093421 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCWHORTER, JOHN A.
3540 CESERY BLVD
JACKSONVILLE, FL 32211 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: DCP () Delete
Name: JACKSON, SALLY
Address: A-0027 P. O. BOX 669004 N/A
City-St-Zip: MIAMI SPRGS, FL 33266

Title: DVS () Delete
Name: JACKSON, KURT
Address: A-0027 P. O. BOX 669004 N/A
City-St-Zip: MIAMI SPRGS, FL 33266

Title: DT () Delete
Name: MCWHORTER, JOHN A.,
Address: 3540 CESERY BLVD
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: GIST, CHERYL
Address: 3501 TOWNSEND BLVD #176
City-St-Zip: JACKSONVILLE, FL 32277

Title: D () Delete
Name: GRIFFIN, ROGER
Address: 378 LUCY'S LN
City-St-Zip: ORANGE PARK, FL 32073

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MCWHORTER, JOHN A.,
Address: 3540 CESERY BLVD
City-St-Zip: JACKSONVILLE, FL 32211

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT () Change (X) Addition
Name: SANCHEZ, ROBERTO
Address: 1851 OAK WATER DR.
City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SALLY JACKSON

Electronic Signature of Signing Officer or Director

DCP

09/05/2005

_____ Date