

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44776

FILED  
Aug 28, 2008  
Secretary of State

Entity Name: FIRST STEPS OUTREACH MINISTRIES, INC.

**Current Principal Place of Business:**

BOX 10805  
JACKSONVILLE, FL 32247

**New Principal Place of Business:**

**Current Mailing Address:**

BOX 10805  
JACKSONVILLE, FL 32247

**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.  
2848 ALASKAN WAY  
JACKSONVILLE, FL 32226      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 US

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

Title: D      ( ) Delete  
Name: MCWHORTER, JOHN A.,  
Address: 2848 ALASKAN WAY  
City-St-Zip: JACKSONVILLE, FL 32226 US

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

Title: D      ( ) Delete  
Name: SANCHEZ, REBEKAH  
Address: 1642 BOULDER STREET  
City-St-Zip: JACKSONVILLE,, FL 32207 US

Title: DT      ( ) Delete  
Name: SANCHEZ, ROBERTO  
Address: 1642 BOULDER STREET  
City-St-Zip: JACKSONVILLE, FL 32207 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: SALLY JACKSON

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

P

08/28/2008

\_\_\_\_\_ Date