

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44776

FILED
Apr 30, 2012
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:

C/O JOHN MCWHORTER
2848 ALASKAN WAY
JACKSONVILLE, FL 32226

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)**

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
Name: JACKSON, SALLY
Address: A-0027 P. O. BOX 669004 N/A
City-St-Zip: MIAMI SPRGS, FL 33266 US

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

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

Title: D
Name: GIST, CHERYL
Address: 5885 EDENFIELD RD.
City-St-Zip: JACKSONVILLE, FL 32277 US

Title: DS
Name: SANCHEZ, REBEKAH
Address: 1642 BOULDER STREET
City-St-Zip: JACKSONVILLE,, FL 32207 US

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

I hereby 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 all other like empowered.

SIGNATURE: SALLY JACKSON

DCP

04/30/2012

Electronic Signature of Signing Officer or Director

Date