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FILED  
May 15 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N51089 (3)

1. Corporation Name

STEPS OF FAITH, INC.



Principal Place of Business

Mailing Address

3604 CENTRAL AVE  
ST PETERSBURG FL 33711

3604 CENTRAL AVE  
ST PETERSBURG FL 33711-1345

3. Date Incorporated or Qualified  
09/28/1992

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 3606 Central Ave.

26 3606 Central Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
23 St. Petersburg FL

27 City & State  
28 St. Petersburg FL

24 Zip  
33711

Country

29 Zip  
33711

Country

4. FEI Number

59-3151272

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARCLEY, ROBERT D  
3600 CENTRAL AVE.  
45TH FLOOR  
ST PETERSBURG FL 33711

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
3606 Central Ave.

83

84 City

St. Petersburg

FL

85 Zip Code

33711

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	BARCLEY, ROBERT D	
STREET ADDRESS	6372 PALM DEL MAR BLVD., #603	
CITY - ST - ZIP	ST PETERSBURG FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	GOLDSMITH, BRIAN	
STREET ADDRESS	5362 BAYOU GRANDE BLV NE	
CITY - ST - ZIP	ST PETERSBURG FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SMITH, RICHARD	
STREET ADDRESS	6100 SUNDOWN DR N	
CITY - ST - ZIP	ST PETERSBURG FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KMET, STANLEY	
STREET ADDRESS	4286 LITTLE OSPREY DR	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Robert D. Barclay

5/1/97 812/327-4103

Date

Daytime Phone # 0050787

CR2E037 (9/96)