

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000209

FILED
Apr 12, 2009
Secretary of State

Entity Name: NEW STEPS FOR BETTER LIVING, INC.

Current Principal Place of Business:

525 ARABELLA LANE
COCOA, FL 32927

New Principal Place of Business:

Current Mailing Address:

PO BOX 132
SHARPES, FL 32959

New Mailing Address:

FEI Number: 65-0649132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLAYTON, FRANKIE B
525 ARABELLA LANE
COCOA, FL 32927 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: PD () Delete
Name: CLAYTON, FRANKIE B
Address: 525 ARABELLA LANE
City-St-Zip: COCOA, FL 32927

Title: T () Delete
Name: DENNIS, ELOISE
Address: 525 ARABELLA LANE
City-St-Zip: COCOA, FL 32927

Title: S () Delete
Name: KING, SARA T
Address: 525 ARABELLA LANE
City-St-Zip: COCOA, FL 32927

Title: VPD () Delete
Name: LOFTON, JAMES W
Address: 525 ARABELLA LANE
City-St-Zip: COCOA, FL 32927

Title: D () Delete
Name: CLAYTON, CHERYL L
Address: 525 ARABELLA LANE
City-St-Zip: COCOA, FL 32927

Title: D () Delete
Name: MORRIS, CARMEN
Address: 525 ARABELLA LANE
City-St-Zip: COCOA, FL 32927

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: VPD (X) Change () Addition
Name: LOFTON, JAMES W III
Address: 525 ARABELLA LANE
City-St-Zip: COCOA, FL 32927

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: FRANKIE B CLAYTON

PD

04/12/2009

Electronic Signature of Signing Officer or Director

Date