## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N96000001218 (4)

FORWARD STEPS, INC.

## **FILED** Jan 30 1998 8:00am Secretary of State

						İ					
Principal Place of Business Mailing Address								MBitt World BDI	83  1848  18 <b>8</b> 6	FB01 3031 1801	
3820 ZION RD 3820 ZION RD						}	3. Date Incorporated or Qualified				
JACKSONVILLE FL 32207 JACKSONVILLE FL 32207							03/04/1996				
US US						ŀ	4. FEI Number		Ar	plied For	
							59-338 1636			ot Applicable	
2. Principal P	lace of Business	2a. Maili	ng Address				5. Certificate of Status Desired	П	\$8.75		
21		26					5. Certificate of Status Desired		Fee Re		
			, Apt. #, etc.	xt. #, etc.			6. Election Campaign Financing		\$5.00		
22 27 City & State			City & State				Trust Fund Contribution Added to Fees				
23 28							7. Is this nonprofit corporation a homeowners association?  Yes No				
Zip	Country Zip			Count	у		8. This corporation owes or has paid the current year Intangible				
24	25	[100]					Personal Property Tax due June 30. Yes No				
	9. Name and Address of Curre			10. Name and Address of New R	egistered A	gent					
				8	I Name	)					
LUTHER, ROBERT					2 Street	Addres	s (P.O. Box Number is Not Accepta	ble)		- [	
3820 ZION RD											
JACKSU	NVILLE FL 32207			8:	1						
				84	City			FL	85 Zip (	Code	
11. Pursuant	to the provisions of Sections 617.05	02 and 617.150	8, Florida Statute	s, the abo	/e-named	d corpor	ation submits this statement for the	purpose of	changing it	s registered	
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: Register						re required	when reinstating)	DATE	DIDECTOR	<u> </u>	
12.	D OFFICERS AN	NO DIRECTORS	DELETE	13. 1.1 TITLE		167	ADDITIONS/CHANGES TO OFFI		0	672	
NAME	LUTHER, ROBERT A			1.1 III.LE		Exp	n H. Harvey Lakes Ponte Vedro Lakes	eist.	Onango	/ 121 / 10010011	
STREET ADDRESS	255 S FLETCHER				T ADDRESS	611	Ponte Vedro Lakes	DEVE	EIIU	<b>'</b>	
CITY-ST-ZIP FERNANDINA BEACH FL 32034				1.4 CITY-		Dava	to Vedra FL.3	2047		.	
TITLE	T		DELETE	2.1 TITLE	0, 2	TCZKL	1 regrae, 1		Change	Addition C	
NAME	BAHARI, AL			2.2 NAME						į	
STREET ADDRESS	539 W 61ST ST			2.3 STREE	T ADDRESS					1	
CITY-ST-ZIP	JACKSONVILLE FL			2. 4 CITY	ST-ZIP					ĺ	
TITLE	T	• •	DELETE	3.1 TITLE				Į	Change	Addition	
NAME	ROSELLE, BERT			3.2 NAME						1	
STREET ADDRESS	451 KATHRINE ST			3.3 STREE	T ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL			3.4. CITY-	ST-ZIP						
TITLE	T		DELETE	4.1 TITLE				<u>l</u>	Change	☐ Addition	
NAME	GRIN, STAN			4. 2 NAMI							
STREET ADDRESS	134 E CHURCH ST			4.3 STREE	T ADORESS						
CITY-ST-ZIP	JACKSONVILLE FL		<del></del>	4.4 C/TY-	ST-ZIP	<u> </u>			<del></del>		
TITLE	TD		DELETE	5.1 TITLE				L	Change	☐ Addition	
NAME	WHITAKER, JOE			5.2 NAME							
STREET ADDRESS	10735 ALDEN RD #3				T ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL		DELETE	5.4 CITY-	ST-ZIP	<del> </del>		r	Cheses	Addition	
TITLE	PD WAY		T DETEIR	6.1 TITLE		1		1	Change	I Addition	
NAME	CAPP, JIMMY			6.2 NAME							
STREET ADDRESS	930 N 1ST ST			6.3 STREE	T ADDRESS					1	
CITY-ST-ZIP	JACKSONVILLE BCH FL			6.4 CITY-						L	

I hereby certify that the information supplied with this filling 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 REQUIRED