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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005928 (4)

1. Corporation Name

POSITIVE STEPS INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 350766
JACKSONVILLE FL 32235-0766

POST OFFICE BOX 350766
JACKSONVILLE FL 32235-0766

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/01/1997

4. FEI Number

59-34132-93

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

Bernice L. Holmes Thomas

82

Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

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 ☐ DELETE
NAME Chairman
STREET ADDRESS Janet E. Perry
CITY-ST-ZIP 1383 Dunn Ave. #1007 (T)
Jacksonville, FL 32218-4893

TITLE ☐ DELETE
NAME Vice Chairman
STREET ADDRESS Zebedee Thomas
CITY-ST-ZIP 1612 Oak Ridge Dr. W. (T)
Jacksonville, FL 32225

TITLE ☐ DELETE
NAME Corresponding Secretary
STREET ADDRESS Janet L. Foster
CITY-ST-ZIP 3801 Crown Point Rd. #1261
Jacksonville, FL 32257

TITLE ☐ DELETE
NAME Treasurer
STREET ADDRESS Judy Jones Liptrot
CITY-ST-ZIP 6100 Arlington Expressway #5104
Jacksonville, FL 32211

TITLE ☐ DELETE
NAME Parliamentarian
STREET ADDRESS Donna R. Rash-Sawyer
CITY-ST-ZIP 639 Long Branch Blvd.
Jacksonville, FL 32206

TITLE ☐ DELETE
NAME Member of Board
STREET ADDRESS Lorraine Alston
CITY-ST-ZIP 10894 Copper Hill Drive
Jacksonville, FL 32218

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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: Bernice L. Holmes Thomas

2-6-98 904-641-9670

CR2E037 (10/97)