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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N96000005928

1. Corporation Name

**POSITIVE STEPS INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| POST OFFICE BOX 350766<br>JACKSONVILLE FL 32235-0766 | POST OFFICE BOX 350766<br>JACKSONVILLE FL 32235-0766 |

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

3. Date Incorporated or Qualified: 01/01/1997

4. FEI Number: 59-3413293 ☐ 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

9. Name and Address of Current Registered Agent

Thomas Holmes, Berneice L.
HOLMES THOMAS, BERNEICE L
1612 OAK RIDGE DRIVE, WEST
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

81 Name

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | CT | ☒ DELETE | 1.1 TITLE | CHAIRPERSON | ☒ Change ☐ Addition |
| NAME | PERRY, JANET E | | 1.2 NAME | Judy Jones-Liptrot | |
| STREET ADDRESS | 1333 DUNN AVE #1007 | | 1.3 STREET ADDRESS | 10890 Krugerand Lane (T) | |
| CITY-ST-ZIP | JAX FL 32218-4893 | | 1.4 CITY-ST-ZIP | Jax., FL 32218 | |
| TITLE | VCT | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | THOMAS, ZEBEDEE | | 2.2 NAME | | |
| STREET ADDRESS | 1612 OAK RIDGE DE W (T) | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JAX FL 32225 | | 2.4 CITY-ST-ZIP | | |
| TITLE | CS | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | FOSTER, JANET L | | 3.2 NAME | | |
| STREET ADDRESS | 3801 CROWN POINT RD #1261 | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JAX FL 32257 | | 3.4 CITY-ST-ZIP | | |
| TITLE | T | ☐ DELETE | 4.1 TITLE | Treasurer | ☒ Change ☐ Addition |
| NAME | LIPTROT, JUDY JONES | | 4.2 NAME | Andrea Maynard | |
| STREET ADDRESS | 10890 KRUGERRAND LN | | 4.3 STREET ADDRESS | 331 Laurina St. #535 (T) | |
| CITY-ST-ZIP | JAX FL 32218 | | 4.4 CITY-ST-ZIP | Jax., FL 32216 | |
| TITLE | P | ☐ DELETE | 5.1 TITLE | Parliamentarian/Chaplain | ☒ Change ☐ Addition |
| NAME | RASH-SAWYER, DONNA | | 5.2 NAME | Lorrainne Alton | |
| STREET ADDRESS | 639 LONG BRANCH BKVD | | 5.3 STREET ADDRESS | 10884 Copper Hill Dr | |
| CITY-ST-ZIP | JAX FL 32206 | | 5.4 CITY-ST-ZIP | Jax, FL 32218 | |
| TITLE | MB | ☐ DELETE | 6.1 TITLE | MB | ☒ Change ☒ Addition |
| NAME | ALSTON, LORRAINE | | 6.2 NAME | SUSAN RAYE-Marcano | |
| STREET ADDRESS | 10884 COPPER HILL DR | | 6.3 STREET ADDRESS | 7514 Hogan Rd. #1303 | |
| CITY-ST-ZIP | JAX FL 32218 | | 6.4 CITY-ST-ZIP | Jax, FL 32216 | |

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Berneice Holmes Thomas SIGNATURE REQUIRED Berneice Thomas 2/10/99 904-641-9670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #