2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008
Secretary of State

DOCUMENT# N97000005967

Entity Name: IN THE CARPENTER'S FOOTSTEPS, INC.

Current Principal Place of Business:

2011 SARALEE LANE
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

2011 SARALEE LANE
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 59-3475877 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEARCY, PATRICIA A
2011 SARALEE LANE
TALLAHASSEE, FL 32312 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: P ( ) Delete
Name: SEARCY, PATRICIA A
Address: 2011 SARALEE LANE
City-St-Zip: TALLAHASSEE, FL 32312

Title: S ( ) Delete
Name: BRUNS, PAMELA
Address: 5416 TOURAINE DR.
City-St-Zip: TALLAHASSEE, FL 32308

Title: T ( ) Delete
Name: BROCK, HAROLD A JR
Address: 1739 ARMSTEAD PLACE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete
Name: DONALSON, WILLIAM R
Address: 3808 FORSYTHE WAY
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Delete
Name: SEARCY, H. H.
Address: 2011 SARALEE LANE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete
Name: TOLLER, JOHN
Address: 2905 BRAY CT
City-St-Zip: TALLAHASSEE, FL 32309

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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: HAROLD A. BROCK, JR. TR 04/25/2008
Electronic Signature of Signing Officer or Director — Date