

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003720

FILED
Apr 30, 2008
Secretary of State

Entity Name: FIRST STEP ADOLESCENT SERVICES, INC.

Current Principal Place of Business:

125 EXCELSIOR PARKWAY
SUITE 205
WINTER SPRINGS, FL 32708

New Principal Place of Business:

803 MILLS ESTATE PLACE
CHULUOTA, FL 32766 US

Current Mailing Address:

POST OFFICE BOX 622241
OVIEDO, FL 327622241

New Mailing Address:

FEI Number: 59-3520393 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, DAVID L
125 EXCELSIOR PARKWAY
SUITE 205
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

SMITH, DAVID L
803 MILLS ESTATE PLACE
CHULUOTA, FL 32766 US

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:

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, CHERYL A
Address: 803 MILLS ESTATE PL
City-St-Zip: CHULUOTA, FL 32766

Title: D () Delete
Name: BASS, DOTTIE
Address: 1101 HORNBAKE LIBRARY
City-St-Zip: COLLEGE PARK, MD 20742

Title: D () Delete
Name: FERRER, JOE
Address: 610 CRESCENT EXECUTIVE RD, STE 112
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: GUZMAN, MOISES
Address: 936 S LK DESTINY RD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SD () Delete
Name: HOLMES, VIVIENNE
Address: 120 ALEXANDRIA BLVD
City-St-Zip: OVIEDO, FL 32765

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:

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: CHERYL A. SMITH

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

Date