

## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004130

1. Entity Name

NEXT STEP MINISTRIES, INC.

Principal Place of Business

Mailing Address

2245 CRICKET RIDGE DRIVE  
CANTONMENT FL 325332245 CRICKET RIDGE DRIVE  
CANTONMENT FL 32533-5721

2. Principal Place of Business

6550 Mobile Hwy

Suite, Apt. #, etc.

3. Mailing Address

6550 Mobile Hwy

Suite, Apt. #, etc.

City &amp; State

Pensacola, FL

City &amp; State

Pensacola, FL

Zip

32526

Country

USA

Zip

32526

Country

USA

6. Name and Address of Current Registered Agent

LANCASTER, GREG Z  
2245 CRICKET RIDGE DRIVE  
CANTONMENT FL 32533

4. FEI Number

59-3521189

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LANCASTER, DONNA	
STREET ADDRESS	2245 CRICKET RIDGE DR	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMILTON, PATRICK	
STREET ADDRESS	1320 N 57TH AVE	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANCASTER, GREG	
STREET ADDRESS	2245 CRICKET RIDGE DR	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/00 850-944-4494

FILED  
Jan 18, 2000 8:00 am  
Secretary of State

01-18-2000 90093 017 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)