

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N98000004130**

1. Entity Name

**NEXT STEP MINISTRIES, INC.**

Principal Place of Business

**6550 MOBILE HWY  
PENSACOLA FL 32526**

Mailing Address

**6550 MOBILE HWY  
PENSACOLA FL 32526**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

**59-3521189**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**LANCASTER, GREG Z  
2245 CRICKET RIDGE DRIVE  
CANTONMENT FL 32533**

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 \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make 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	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

☐ Change ☐ Addition

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

☐ Change ☐ Addition

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 #

**FILED**  
**Jan 10, 2001 8:00 am**  
**Secretary of State**

01-10-2001 90141 011 \*\*\*\*61.25

**00001691**

DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)