

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004130

FILED  
Feb 19, 2008  
Secretary of State

Entity Name: NEXT STEP ADVENTURE, INC.

## Current Principal Place of Business:

2245 CRICKET RIDGE DR.  
CANTONMENT, FL 32533

## New Principal Place of Business:

## Current Mailing Address:

2245 CRICKET RIDGE DR.  
CANTONMENT, FL 32533

## New Mailing Address:

FEI Number: 59-3521189

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LANCASTER, GREG Z  
2245 CRICKET RIDGE DRIVE  
CANTONMENT, FL 32533 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: D ( ) Delete  
Name: LANCASTER, DONNA  
Address: 2245 CRICKET RIDGE DR  
City-St-Zip: CANTONMENT, FL 32533

Title: STD ( ) Delete  
Name: HAMILTON, PATRICK  
Address: 3085 WOODBURY CIR  
City-St-Zip: CANTONMENT, FL 32533

Title: PD ( ) Delete  
Name: LANCASTER, GREG  
Address: 2245 CRICKET RIDGE DR  
City-St-Zip: CANTONMENT, FL 32533

Title: D ( ) Delete  
Name: HAMILTON, CHRISTOPHER  
Address: 1020 BARTOW AVE.  
City-St-Zip: PENSACOLA, FL 32507

Title: D (X) Delete  
Name: LIPSCOMB, BUFORD  
Address: 16461 INNERARITY POINT ROAD  
City-St-Zip: PENSACOLA, FL 32507

## 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: GREG Z. LANCASTER

PD

02/19/2008

Electronic Signature of Signing Officer or Director

Date