

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000004153

1. Corporation Name

NEXT STEP COMMUNITY DEVELOPMENT CORPORATION, INC

Principal Place of Business

134 NORTH KROME AVE
HOMESTEAD FL 33030

Mailing Address

134 NORTH KROME AVE
HOMESTEAD FL 33030



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

07/16/1998

4. FEI Number

65-0851417

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

DEL PILAR, DORIS
134 NORTH KROME AVE
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NO. E: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PRESIDENT/DIRECTOR, P/D ☐ DELETE
NAME LAURIE OUDIN
STREET ADDRESS 21450 SW 240th St
CITY-ST-ZIP Miami, FL 33031

TITLE VP/D ☐ DELETE
NAME DORIS DEL PILAR
STREET ADDRESS 21450 SW 240th St
CITY-ST-ZIP Miami FL 33031

TITLE S/D ☐ DELETE
NAME JANE CAMERON
STREET ADDRESS 21450 SW 240th St
CITY-ST-ZIP Miami FL 33031

TITLE D ☐ DELETE
NAME JUDY MAR-BEEHAZEN
STREET ADDRESS 141 NE 14th St
CITY-ST-ZIP Homestead FL 33130

TITLE D ☐ DELETE
NAME JAMES SCHENK
STREET ADDRESS 141 NE 14th St
CITY-ST-ZIP Homestead FL 33130

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JANE E. CAMERON 4/14/99 (305) 245-9163
Date Daytime Phone #

0024550

CR2E037 (11/98)