

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004153

FILED
Apr 28, 2007
Secretary of State

Entity Name: NEXT STEP COMMUNITY DEVELOPMENT CORPORATION, INC.

Current Principal Place of Business:

134 REAR NORTH KROME AVE.
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

134 REAR NORTH KROME AVE.
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 65-0851417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DEL PILAR, DORIS
134 NORTH KROME AVE
HOMESTEAD, FL 33030 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: VD () Delete
Name: DEL PILAR, DORIS
Address: 21450 SW 240TH ST
City-St-Zip: MIAMI, FL 33031

Title: SD () Delete
Name: CAMERON, JANE
Address: 21450 SW 240TH ST
City-St-Zip: MIAMI, FL 33031

Title: PD () Delete
Name: MARSIE-HAZEN, JUDY
Address: 815 N HOMESTEAD BLVD PMB#132
City-St-Zip: HOMESTEAD, FL 33030

Title: D () Delete
Name: GERARDIN, KARIN
Address: 5825 COLLINS AVE APT 7A
City-St-Zip: MIAMI, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: MARSIE-HAZEN, JUDY
Address: 815 N HOMESTEAD BLVD PMB#408
City-St-Zip: HOMESTEAD, FL 33030

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: JUDITH MARSIE-HAZEN

PD

04/28/2007

Electronic Signature of Signing Officer or Director

Date