9/17/01-90001-011-$61.25-$61.25

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 OCT -1 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

979040

DO NOT WRITE IN THIS SPACE

DOCUMENT # N98000006657

1. Entity Name

THE NEXT STEP: NORTH AMERICAN PARTNERSHIP IN MIS

Principal Place of Business	Mailing Address
[redacted]	SAME
176 BIG ROCK DR. RUTHERFORDTON, NC 28139	

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3544132 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, RICK 6190 BALBOA STREET PORT ST JOHN FL 32927	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 [redacted]
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 **After September 12, 2001, min. will be $236.25**	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LEWIS, RICHARD 2212 W VICKERSBURG ST BROKEN ARROW OK 74011	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	INTERIM CHAIRMAN DR. JIM ROCHE 176 BIG ROCK DR RUTHERFORDTON NC 28139	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED SMITH, RICHARD 6190 BALBOA ST PORT ST JOHN FL 32927	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	BEN SELLS - BOARD MEMBER SAME ADDRESS AS ABOVE	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CABD ADELMAN, TOM 9051 133 AVE NE KIRKLAND WA 98033	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	DAVID STONER - BOARD MEMBER SAME ADDRESS AS ABOVE	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MCD LEGRANDE, LARRY 13607 DORNOCH DR ORLANDO FL 32828	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	DARLENE ARMSTRONG - B. MEMBER SAME ADDRESS AS ABOVE	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TCD HOKE, STEVE 1240 N LAKEVIEW., 120 ANAHEIM CA 92807	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	BOARD MEMBER STEVE MILLER SAME ADDRESS AS ABOVE	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~ACD~~ D DOUGHERTY, DAVE 10 W DRY CREEK CIR LITTLETON CO 80120	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/01)

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: RICHARD E. LEWIS [redacted] TREASURER 9/11/01 828-286-1716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #