

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006657

FILED  
Apr 08, 2006  
Secretary of State

**Entity Name:** THE NEXT STEP: NORTH AMERICAN PARTNERSHIP IN MISSION TRAINING, INC.

**Current Principal Place of Business:**

226 BIG ROCK DRIVE  
RUTHERFORDTON, NC 28139

**New Principal Place of Business:**

**Current Mailing Address:**

226 BIG ROCK DRIVE  
RUTHERFORDTON, NC 28139

**New Mailing Address:**

**FEI Number:** 59-3544132

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, RICK  
6190 BALBOA STREET  
COCOA, FL 32927 US

**Name and Address of New Registered Agent:**

SMITH, RICK  
6193 CORNING ROAD  
COCOA, FL 32927 US

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:

04/08/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: ROCHE, JIM DR.  
Address: 226 BIG ROCK DRIVE  
City-St-Zip: RUTHERFORDTON, NC 28139

Title: D ( ) Delete  
Name: SELLS, BEN  
Address: 226 BIG ROCK DRIVE  
City-St-Zip: RUTHERFORDTON, NC 28139

Title: D ( ) Delete  
Name: HOKE, STEVE  
Address: 226 BIG ROCK DRIVE  
City-St-Zip: RUTHERFORDTON, NC 28139

Title: D ( ) Delete  
Name: LEWIS, RICHARD  
Address: 226 BIG ROCK DRIVE  
City-St-Zip: RUTHERFORDTON, NC 28139

Title: D ( ) Delete  
Name: KISSINGER, GENE  
Address: 226 BIG ROCK DRIVE  
City-St-Zip: RUTHERFORDTON, NC 28139

Title: D ( ) Delete  
Name: DOUGHERTY, DAVE  
Address: 10 W DRY CREEK CIR  
City-St-Zip: LITTLETON, CO 80120

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD E. COTARELO

TRES

04/08/2006

Electronic Signature of Signing Officer or Director

Date