

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 29, 2001 08:00 AM**
Secretary of State**DOCUMENT # N99000001092****1. Entity Name**
STEP BY STEP MINISTRIES, INC.**Principal Place of Business**
1106 S.E. 28TH TERRACE
CAPE CORAL FL 33904
Mailing Address
1106 S.E. 28TH TERRACE
CAPE CORAL FL 33904**2. Principal Place of Business**
Suite, Apt. #, etc.
3. Mailing Address
Suite, Apt. #, etc.**City & State**
City & State
Zip **Country** **Zip** **Country**
4. FEI Number
65-0903423
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CLAYTON STEVEN J
1106 S.E. 28TH TERRACE
CAPE CORAL FL 33904 US
7. Name and Address of New Registered Agent
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** **04/29/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**
FEE IS \$61.25
9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution. **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLAYTON JEANNIE			NAME	CLAYTON STEVEN J		
STREET ADDRESS	1106 SE 28TH TERRACE			STREET ADDRESS	1106 SE 28TH TERR		
CITY-ST-ZIP	CAPE CORAL FL 33904			CITY-ST-ZIP	CAPE CORAL FL 33904		
TITLE	TD	<input type="checkbox"/> Delete		TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOWARD LAURI			NAME	LEDFOORD KATHERINE		
STREET ADDRESS	4595 SKATES CIR.			STREET ADDRESS	3115 NELSON ST		
CITY-ST-ZIP	FORT MYERS FL 33905			CITY-ST-ZIP	FORT MYERS FL 33901		
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH AMY			NAME	CLAYTON JEANNIE Y		
STREET ADDRESS	11441 TUNDRA DR.			STREET ADDRESS	1106 SE 28TH TERR		
CITY-ST-ZIP	FORT MYERS FL 33917			CITY-ST-ZIP	CAPE CORAL FL 33904		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** STEVEN J CLAYTON PD 04/29/2001

CR2E037 (11/00)