

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000002763

1. Entity Name

STEP BY STEP RESIDENCE INC.



Principal Place of Business

1546 40TH ST.
NORTH PALM BEACH FL 33407

Mailing Address

P.O. BOX 18881
WEST PALM BEACH FL 33416

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

65-0661440

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

TURNQUIST, VERNEDA
7321-73RD WAY
WEST PALM BEACH FL 33407

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: D
NAME: TURNQUIST, VERNEDA
STREET ADDRESS: 7321 73RD WAY
CITY-ST-ZIP: WEST PALM BEACH FL 33407 ☐ Delete

TITLE: AD
NAME: MASON, WANDA
STREET ADDRESS: 1310 SAPODILA AVE
CITY-ST-ZIP: WEST PALM BEACH FL 33401 ☐ Delete

TITLE: SD
NAME: TURNQUIST, CHRISTY
STREET ADDRESS: 1564 28TH ST.
CITY-ST-ZIP: RIVIERA BEACH FL ☐ Delete

TITLE: D
NAME: TURNQUIST, EWELL
STREET ADDRESS: 1546 40TH STREET
CITY-ST-ZIP: WEST PALM BEACH FL 33407 ☐ Delete

TITLE: D
NAME: CHRISTIE, RUTH
STREET ADDRESS: P.O. BOX 786
CITY-ST-ZIP: JENSEN BEACH FL ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition
U00000023303
02/04/04-80058-023 61.25

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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:

Verneda L. Turnquist

2/1/04- 6347