

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002763

FILED
Jun 04, 2009
Secretary of State

Entity Name: STEP BY STEP RESIDENCE INC.

Current Principal Place of Business:

1010 - ADAMS ST
WEST PALM BEACH, FL 33407 US

New Principal Place of Business:

Current Mailing Address:

1546 - 40TH ST
WEST PALM BEACH, FL 33407 US

New Mailing Address:

FEI Number: 65-0661440 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TURNQUIST, VERNEDA
1546 40TH ST
WEST PALM BEACH, FL 33407 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TURNQUIST, VERNEDA
Address: 1546-46TH ST
City-St-Zip: WEST PALM BEACH, FL 33407

Title: AD () Delete
Name: MASON, WANDA
Address: 1310 SAPODILA AVE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: SD () Delete
Name: TURNQUIST, CHRISTY
Address: 1564 28TH ST.
City-St-Zip: RIVIERA BEACH, FL

Title: D () Delete
Name: TURNQUIST, EWELL
Address: 1546 40TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: CHRISTIE, RUTH
Address: P.O. BOX 786
City-St-Zip: JENSEN BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: TURNQUIST, CHRISTY
Address: 1564 28TH ST.
City-St-Zip: RIVIERA BEACH, FL 33407

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

Title: D (X) Change () Addition
Name: CHRISTIE, RUTH
Address: P.O. BOX 786
City-St-Zip: JENSEN BEACH, FL 33407

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: VERNEDA TURNQUIST

D

06/04/2009

Electronic Signature of Signing Officer or Director

Date