

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90171 023 ****61.25

DOCUMENT # N99000004091

1. Entity Name
LIFESTEPS FOUNDATION, INC.



Principal Place of Business
**4888 10TH AVE NORTH
GREENACRES, FL 33463**

Mailing Address
**4888 10TH AVE NORTH
GREENACRES, FL 33463**

50035528



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04012005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0946248

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**ARLEN, ROBERT M
110 E ATLANTIC AVE, SUITE 330
DELRAY BEACH, FL 33444**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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** ☐ Delete
NAME **HAWKINS, JOHN D SR**
STREET ADDRESS **5320 INDIANWOOD VILLAGE LANE**
CITY-ST-ZIP **LAKE WORTH, FL 33463**

TITLE **D** ☐ Delete
NAME **DIBBLE, SHERMAN**
STREET ADDRESS **333 CAVALIER RD.**
CITY-ST-ZIP **PALM SPRINGS, FL 33461**

TITLE **P** ☐ Delete
NAME **GILL, SHARON**
STREET ADDRESS **6701 FINAMORE CIR.**
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE **D** ☐ Delete
NAME **LEE, JEFF SR**
STREET ADDRESS **10121 CALUMET LANE**
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE **D** ☒ Delete
NAME **ABRAMS, ERNEST**
STREET ADDRESS **6201 S. MILITARY TRAIL**
CITY-ST-ZIP **LAKE WORTH, FL 33463**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/05

(561) 967-4066

Date

Daytime Phone #