

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90091 032 ****70.00

DOCUMENT # N99000004091

1. Entity Name
LIFESTEPS FOUNDATION, INC.



Principal Place of Business
**6201 S MILITARY TRAIL
LAK WORTH FL 33463**

Mailing Address
**6201 S MILITARY TRAIL
LAK WORTH FL 33463**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Lake Worth, FL

City & State
Lake Worth, FL

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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D HAWKINS, JARED N SR**
STREET ADDRESS **6883 TURTLE BAY TER**
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D HAWKINS, CHARLOTTE**
STREET ADDRESS **6201 S MILITARY TRAIL**
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D BREWER, ROSCOE**
STREET ADDRESS **9741 PRESTON RD #304**
CITY-ST-ZIP **FRESCO TX 75034**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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 all other like empowered.

SIGNATURE: *Robert M Arlen*

3/12/03 (561) 967-4066

CR2E037 (10/02)