

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90083 041 ****61.25

0083381

DOCUMENT # N99000004459

1. Entity Name

THE NEXT STEP CENTER, INC.

Principal Place of Business

**3370 N.E. WEST CT.
JENSEN BEACH FL 34957**

Mailing Address

**PO BOX 1113
JENSEN BCH FL 34958**

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

65-0998330

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

**NORMAN, KENNETH A
800 S.E. MONTEREY COMMONS BLVD., STE. 200
STUART FL 34996**

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

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D JESTER, STEVE**
STREET ADDRESS **3520 S.E. CARL LANE**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

☒ Change ☐ Addition
TITLE **3734 NW PIN OAK DR**
NAME **JENSEN BEACH FL 34957**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D JESTER, RENEE**
STREET ADDRESS **3520 S.E. M CARL LANE**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

☒ Change ☐ Addition
TITLE **3734 NW PIN OAK DR**
NAME **JENSEN BEACH FL 34957**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D WOOD, MILDRED**
STREET ADDRESS **C/O 3370 N.E. WEST CT.**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

☒ Change ☐ Addition
TITLE **402 SE OARRIDGE DR**
NAME **Port St. Lucie, FL 34984**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D TURNBLACER, FRED**
STREET ADDRESS **3937 S.E. FAIRWAY EAST**
CITY-ST-ZIP **STUART FL 34997**

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

TITLE ☐ Delete
NAME **D GUFFIN, SHERRY**
STREET ADDRESS **3585 S.W. QUAIL MEADOW TRAIL**
CITY-ST-ZIP **PALM CITY FL 34990**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition
TITLE **EXECUTIVE DIRECTOR (M)**
NAME **MOE JOHNSON**
STREET ADDRESS **1637 NE NAUTICAL PL.**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

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:

Moe Johnson REMOVED JOHNSON, FRED Dir.

4/23/01

561 334 3890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)