


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90043 043 ***150.00

DOCUMENT # P03000122547			
1. Entity Name STEP OF FAITH COUNSELING SERVICES, INC.			
Principal Place of Business 850 SPRINGWOOD CIR. BRADENTON, FL 34266		Mailing Address 850 SPRINGWOOD CIR. BRADENTON, FL 34266	
2. Principal Place of Business 223 East Oak Street		3. Mailing Address	
Suite, Apt. #, etc. Suite 2		Suite, Apt. #, etc.	
City & State Arcadia Florida		City & State	
Zip 34266	Country USA	Zip 34212	Country
6. Name and Address of Current Registered Agent CONARIO, GAIL A 850 SPRINGWOOD CIR. BRADENTON, FL 34266		7. Name and Address of New Registered Agent Name CANARIO, GAIL A Street Address (P.O. Box Number is Not Acceptable) 850 SPRINGWOOD CIRCE City BRADENTON FL Zip Code 34212	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President GAIL A. CANARIO 850 SPRINGWOOD CIRCLE BRADENTON, FL 34212 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY / TREASURER NELSON M. CANARIO 850 SPRINGWOOD CIRCLE BRADENTON FLORIDA 34212 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: Gail A Canario		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR GAIL A. CANARIO 3-25-04 863 9903259	

44021808



03252004 Chg-P CR2E034 (10/03)

4. FEI Number **55-0852263** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**