

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000004602

Entity Name: STEPS OF FAITH, INC.**Current Principal Place of Business:**5500 SYCAMORE ST N
ST. PETERSBURG, FL 33703**Current Mailing Address:**5500 SYCAMORE ST N
ST. PETERSBURG, FL 33703 US**FEI Number:** 82-3059600**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BARCLEY, ROBERT D
5500 SYCAMORE ST N
ST. PETERSBURG, FL 33703 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

Officer/Director Detail :

Title PRESIDENT, DIRECTOR, SECRETARY
Name BARCLEY, ROBERT D
Address 5500 SYCAMORE ST N
City-State-Zip: ST. PETERSBURG FL 33703

Title VP, DIRECTOR
Name BUSSINGER, DAVID
Address 7228 STONEHAVEN COURT
City-State-Zip: PINELLAS PARK FL 33781

Title VP, DIRECTOR
Name BUSSINGER, LINDA
Address 7228 STONEHAVEN COURT
City-State-Zip: PINELLAS PARK FL 33781

Title VP, DIRECTOR
Name LOFGREN, WILLIAM
Address 2060 74TH AVENUE NORTH
City-State-Zip: ST. PETERSBURG FL 33702

Title VP, DIRECTOR
Name LOFGREN, TERRY
Address 2060 74TH AVENUE NORTH
City-State-Zip: ST. PETERSBURG FL 33702

Title VP, DIRECTOR
Name BARCLEY, BECKY
Address 5500 SYCAMORE STREET N
City-State-Zip: ST. PETERSBURG FL 33703

I hereby 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 all other like empowered.

SIGNATURE: ROBERT D BARCLEY

PRESIDENT

01/26/2023

Electronic Signature of Signing Officer/Director Detail

Date