

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004220

Entity Name: FIRST STEP, INC. OF THE FIFTH JUDICIAL CIRCUIT**Current Principal Place of Business:**6530 SE MARICAMP RD.
#831133
OCALA, FL 34483**Current Mailing Address:**6530 SE MARICAMP RD.
#831133
OCALA, FL 34483 US**FEI Number:** 59-3204052**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RICH, MARY S
1802 NW 24TH COURT
OCALA, FL 34475 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
Name	POPE, ELMA
Address	1330 S.E. 80TH STREET
City-State-Zip:	OCALA FL 34480

Title	SECRETARY
Name	PRATT, WENDY K.
Address	6790 S.E. 52ND PLACE
City-State-Zip:	OCALA FL 34472

Title	TREASURER-DIRECTOR
Name	PRATT-MAYNARD, TRACY
Address	624 S. FLORA POINT
City-State-Zip:	INVERNESS FL 34450

Title	DIRECTOR
Name	BEVILLE, STEVE
Address	204 NW 3RD AVE
City-State-Zip:	OCALA FL 34475

Title	DIRECTOR
Name	CAMPBELL, JANICE
Address	3145 N.E. 43RD PLACE
City-State-Zip:	OCALA FL 34479

Title	DIRECTOR
Name	RICH, MARY S.
Address	1802 N.W. 24TH COURT
City-State-Zip:	OCALA FL 34475

Title	VICE PRESIDENT-DIRECTOR
Name	BLAIR, SANGI
Address	7579 NE 26TH AVE
City-State-Zip:	OCALA FL 34479

Title	DIRECTOR
Name	BORDEN, MARY KATHLEEN
Address	3024 NW 100 ST
City-State-Zip:	OCALA FL 34475

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: WENDY PRATT

SECY

04/30/2025

Electronic Signature of Signing Officer/Director Detail_____
Date