

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 726184

(5)

1. Corporation Name

STEPPIN' STONE FARM, INC.

Principal Place of Business

8421 PRITCHER ROAD.  
LITHIA FL 33547

Mailing Address

8421 PRITCHER ROAD.  
LITHIA FL 33547



3. Date Incorporated or Qualified  
04/20/1973

3a. Date of Last Report  
04/14/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

23-7348139

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHURCHILL, CYNTHIA S  
8421 PRITCHER ROAD  
LITHIA FL 33547

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME TD  
STREET ADDRESS MASON, CAROL W.  
CITY-ST-ZIP 2868 HAMNOSH DR.  
PLANT CITY FL

11 TITLE ☒ Change ☐ Addition  
12 NAME TD  
13 STREET ADDRESS Thomas, Mike  
14 CITY-ST-ZIP 8868 Thomas Ranch Lane  
Tampa, FL 33626

TITLE ☐ DELETE  
NAME P  
STREET ADDRESS KEISER, ED., JR  
CITY-ST-ZIP 6102 LAWNCREST PLACE  
DOVER FL

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME V  
STREET ADDRESS ZETLER, JAMES  
CITY-ST-ZIP 250 EAGLE DR  
JUPITER FL 33477

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME SD  
STREET ADDRESS LOEBER, ROBERT  
CITY-ST-ZIP 908 KNIGHT ST  
PLANT CITY FL 33566

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME V  
STREET ADDRESS BILLS, RICHARD REV  
CITY-ST-ZIP 1202 E. CHERRY STREET  
PLANT CITY FL 33566

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS CHURCHILL, CYNTHIA S  
CITY-ST-ZIP 8421 PRITCHER ROAD  
LITHIA FL 33547

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cynthia S. Churchill

2-7-96

Date

Daytime Phone #

813-685-5779

CR2E037 (12/95)