


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2004 8:00 am
Secretary of State

05-24-2004 90005 028 ****61.25

DOCUMENT # N03000004388					
1. Entity Name STEP BY STEP PTO FOUNDATION, INC.					
Principal Place of Business % STEP BY STEP 5860 GOLDEN GATE PARKWAY NAPLES, FL 34116			Mailing Address % STEP BY STEP 5860 GOLDEN GATE PARKWAY NAPLES, FL 34116		
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 816-1064415	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MEKEEL, JEAN 5860 GOLDEN GATE PARKWAY NAPLES, FL 34116				7. Name and Address of New Registered Agent	
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.				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Filing Fee is \$61.25 Due by September 8, 2004				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
PD	PEDERSON, TRACY	5860 GOLDEN GATE PARKWAY	NAPLES, FL 34116	PD	Pedersen, Tracy
VD	NICHOLS, LISA	5880 GOLDEN GATE PARKWAY	NAPLES, FL 34116		
SD	GLOG, SARAH	5880 GOLDEN GATE PARKWAY	NAPLES, FL 34116	TD	Glog, Sarah
TD	BREWER, KATHLEEN	5860 GOLDEN GATE PARKWAY	NAPLES, FL 34116	SD	Maria Rose
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: <i>Tracy Pedersen</i>				Date: 6/14/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Tracy Pedersen, President				Daytime Phone # 239-455-9525	

66927334



03082003 Chg-NP CR2E037 (10/03)

816-1064415
\$8.75 Additional Fee Required