

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 19, 2005 8:00 am**  
**Secretary of State**

08-19-2005 90010 003 \*\*\*\*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**

**50062539**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08052005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**86-1064415**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEKEEL, JEAN  
5860 GOLDEN GATE PARKWAY  
NAPLES, FL 34116**

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME PEDERSON, TRACY  
STREET ADDRESS 5860 GOLDEN GATE PARKWAY  
CITY-ST-ZIP NAPLES, FL 34116

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☒ Delete  
NAME NICHOLS, LISA  
STREET ADDRESS 5860 GOLDEN GATE PARKWAY  
CITY-ST-ZIP NAPLES, FL 34116

TITLE VD ☒ Change ☐ Addition  
NAME Kathy Stolz  
STREET ADDRESS 5860 Goldengate Pkwy  
CITY-ST-ZIP Naples FL 34116

TITLE TD ☐ Delete  
NAME GLOG, SARAH  
STREET ADDRESS 5860 GOLDEN GATE PARKWAY  
CITY-ST-ZIP NAPLES, FL 34116

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME ROSE, MARIA  
STREET ADDRESS 5860 GOLDEN GATE PARKWAY  
CITY-ST-ZIP NAPLES, FL 34116

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** *Tracy Pederson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*9/10/05*

Date

Daytime Phone #