

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90040 017 \*\*\*\*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

01252006

Chg-NP

CR2E037 (11/05)

4. FEI Number  
**86-1064415**

Applied For  
Not Applicable

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 May 1, 2006**

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 PD ☒ Change ☐ Addition  
NAME Pederson, Tracy  
STREET ADDRESS 8259 Laurel Lakes Way  
CITY-ST-ZIP Naples, FL 34119

TITLE VD ☒ Delete  
NAME STOLZ, KATHY  
STREET ADDRESS 5860 GOLDENGATE PARKWAY  
CITY-ST-ZIP NAPLES, FL 34116

TITLE VD ☐ Change ☒ Addition  
NAME Maytorena, Heather  
STREET ADDRESS 691 Hickory Road  
CITY-ST-ZIP Naples, FL 34108

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

TITLE TD ☒ Change ☐ Addition  
NAME Glog, Sarah  
STREET ADDRESS 6490 Golden Gate Parkway  
CITY-ST-ZIP Naples, FL 34105

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

TITLE SD ☒ Change ☐ Addition  
NAME Stolz, Kathy  
STREET ADDRESS 5026 Hickory Wood Drive  
CITY-ST-ZIP Naples, FL 34119

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 exemptions contained in Chapter 119, 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

1/30/06  
Date

239.455.9525  
Daytime Phone #

Tracy Pederson

60013289  
ATTACHMENT #NO 3000004388

Marve Ann M. Alaimo  
Principal  
Board Certified Wills,  
Trusts & Estates Lawyer  
and Master of Laws in  
Estate Planning

Walden Center  
at Pelican Landing  
24311 Walden Center  
Drive  
Suite 201  
Bonita Springs, FL 34134

239.947.8811  
239.430.3370 Fax  
malaimo@cl-law.com  
www.cl-law.com

239.947.8811 Phone  
239.947.8025 Fax

CUMMINGS & LOCKWOOD LLC

February 7, 2006

Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Re: Step By Step Early Childhood Education and Therapy Center, Inc.

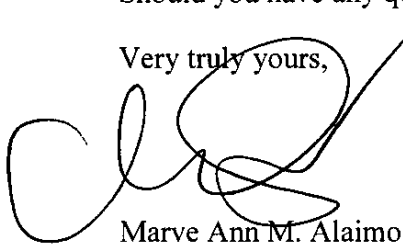
Dear Sir or Madam:

Enclosed is the *2006 Not-For-Profit Corporation Annual Report* for the Step By Step Early Childhood Education and Therapy Center, Inc. Also enclosed is a check in the amount of \$61.25 in payment of the applicable filing fees.

Please acknowledge receipt of the Annual Report and filing fee by date-stamping and returning the enclosed duplicate copy of this letter in the envelope provided.

Should you have any questions, please do not hesitate to contact our office.

Very truly yours,



Marve Ann M. Alaimo

MAA/kg  
Enclosures

cc: Ms. Jean Mekeel, Program Director, Step By Step (w/encl.)  
Mr. Charles E. Alaimo, President, Step By Step (w/encl.)

2119078\_1.doc 2/7/2006