

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90057 045 ****61.25

DOCUMENT # N03000007955

1. Entity Name
STEP BY STEP EARLY CHILDHOOD EDUCATION AND
THERAPY CENTER, INC.



Principal Place of Business
5560 GOLDEN GATE PARKWAY
NAPLES, FL 34116

Mailing Address
5560 GOLDEN GATE PARKWAY
NAPLES, FL 34116

2. Principal Place of Business
5860 Golden Gate Parkway

3. Mailing Address
5860 Golden Gate Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02232004 Chg-NP CR2E037 (10/03)

City & State
Naples, Florida

City & State
Naples, Florida

4. FEI Number
20-0224768

Applied For
Not Applicable

Zip
34116

Country
USA

Zip
34116

Country
USA

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

6. Name and Address of Current Registered Agent

MEKEEL, JEAN
5860 GOLDEN GATE PKWY
NAPLES, FL 34116

7. Name and Address of New Registered Agent

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, 2004

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

TITLE D ☐ Delete
NAME ALAIMO, CHARLES E
STREET ADDRESS 1185 IMMOKALEE ROAD
CITY-ST-ZIP NAPLES, FL 341104806

TITLE D ☐ Delete
NAME BARTON, POLLY
STREET ADDRESS 4001 TAMiami TR N
CITY-ST-ZIP NAPLES, FL 34103

TITLE D ☐ Delete
NAME GASVOTA, JEAN
STREET ADDRESS P O BOX 7051
CITY-ST-ZIP NAPLES, FL 34101

TITLE D ☐ Delete
NAME CONE, CLAY
STREET ADDRESS 2150 GOODLETTE RD N
CITY-ST-ZIP NAPLES, FL 34103

TITLE D ☐ Delete
NAME HOLES, BARRY
STREET ADDRESS 3777 TAMiami TR N #200
CITY-ST-ZIP NAPLES, FL 34103

TITLE D ☐ Delete
NAME ALAIMO, MARVE ANN M
STREET ADDRESS 24311 WALDEN CNTR DR STE 201
CITY-ST-ZIP BONITA SPRINGS, FL 34134

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☒ Change ☐ Addition
NAME Alaimo, Charles E.
STREET ADDRESS 6017 Pine Ridge Road, #118
CITY-ST-ZIP Naples, Florida 34119

TITLE DV ☒ Change ☐ Addition
NAME Barton, Polly
STREET ADDRESS 4001 Tamiami Trail No.
CITY-ST-ZIP Naples, Florida 34103

TITLE D ☒ Change ☐ Addition
NAME Gasvoda, Jean
STREET ADDRESS P. O. Box 7051
CITY-ST-ZIP Naples, Florida 34101

TITLE DS ☒ Change ☐ Addition
NAME Cone, Clay
STREET ADDRESS 2150 Goodlette Road No.
CITY-ST-ZIP Naples, Florida 34103

TITLE DT ☒ Change ☐ Addition
NAME Holes, Barry
STREET ADDRESS 3777 Tamiami Trail No., #200
CITY-ST-ZIP Naples, Florida 34103

TITLE D ☒ Change ☐ Addition
NAME Shepard, Debra
STREET ADDRESS 1008 Goodlette Road No., #100
CITY-ST-ZIP Naples, Florida 34102

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles E. Alaimo, President

Date

239.273.4686

Daytime Phone #

94/023087

STEP BY STEP EARLY CHILDHOOD EDUCATION AND
THERAPY CENTER, INC.

Document #N03000007955

ATTACHMENT

11. Additions/Changes to Officers and Directors

Title:	D
Name:	Anna Maria Marsili
Street Address:	747 9th Avenue North
City St Zip	Naples, Florida 34108