


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90034 043 ****61.25

DOCUMENT # N03000007955	
1. Entity Name STEP BY STEP EARLY CHILDHOOD EDUCATION AND THERAPY CENTER, INC.	

Principal Place of Business 5860 GOLDEN GATE PKWY. NAPLES, FL 34116	Mailing Address 5860 GOLDEN GATE PKWY. NAPLES, FL 34116
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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 20-0224768	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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	DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALAIMO, CHARLES E 63 FOUNTAIN CIR NAPLES, FL 34119 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTON, POLLY 4001 TAMiami TrL. N NAPLES, FL 34103 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALAIMO, MARVE A 24311 WALDEN CENTER DR., STE 201 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CONE, CLAY 599 9TH ST N., STE 101 NAPLES, FL 34102 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HOLES, BARRY 3777 TAMiami TrL. N, #200 NAPLES, FL 34103 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEPARD, DEBRA 1008 GOODLETTE RD., N #100 NAPLES, FL 34102 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Maytorena, Heather 691 Hickory Road Naples, FL 34108 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Conè, Clay 760 Belair Court Naples, FL 34103-3525 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE:	01/26/06	239.273.4686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Charles E. Alaimo	Date	Daytime Phone #

ATTACHMENT

CUMMINGS & LOCKWOOD LLC

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

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

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

239.947.8811 Phone
239.947.8025 Fax

60019032
#1103000067955

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.)

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