

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90043 043 ****61.25

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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**

60007932



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01192007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
20-0224768

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 PKWY
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, 2007**

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 DP ☐ Delete
NAME ALAIMO, CHARLES E
STREET ADDRESS 63 FOUNTAIN CIR
CITY-ST-ZIP NAPLES, FL 34119

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

TITLE D ☐ Delete
NAME ALAIMO, MARVE A
STREET ADDRESS 24311 WALDEN CENTER DR., STE 201
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE DS ☐ Delete
NAME CONE, CLAY
STREET ADDRESS 760 BELAIR CT
CITY-ST-ZIP NAPLES, FL 341033525

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

TITLE D ☐ Delete
NAME SHEPARD, DEBRA
STREET ADDRESS 1008 GOODLETTE RD., N #100
CITY-ST-ZIP NAPLES, FL 34102

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME TICE, HEATHER
STREET ADDRESS 691 HICKORY ROAD
CITY-ST-ZIP NAPLES, FLORIDA 34108

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

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

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

TITLE DT ☒ Change ☐ Addition
NAME HOLES, BARRY
STREET ADDRESS 3838 TAMiami TrAIL N.D. #200
CITY-ST-ZIP NAPLES, FLORIDA 34103

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01.19.2007 239.273.9102

Date

Daytime Phone #

CHARLES E. ALAIMO, PRESIDENT