

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007955

FILED  
May 01, 2008  
Secretary of State

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

**Current Principal Place of Business:**

5860 GOLDEN GATE PKWY.  
NAPLES, FL 34116

**New Principal Place of Business:**

**Current Mailing Address:**

5860 GOLDEN GATE PKWY.  
NAPLES, FL 34116

**New Mailing Address:**

**FEI Number:** 20-0224768      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MEKEEL, JEAN  
5860 GOLDEN GATE PKWY  
NAPLES, FL 34116      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: ALAIMO, CHARLES E  
Address: 63 FOUNTAIN CIR  
City-St-Zip: NAPLES, FL 34119

Title: D      ( ) Delete  
Name: BARTON, POLLY  
Address: 4001 TAMiami TRL. N  
City-St-Zip: NAPLES, FL 34103

Title: D      ( ) Delete  
Name: ALAIMO, MARVE A  
Address: 24311 WALDEN CENTER DR., STE 201  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DS      ( ) Delete  
Name: CONE, CLAY  
Address: 760 BELAIR CT  
City-St-Zip: NAPLES, FL 341033525

Title: DT      ( ) Delete  
Name: HOLES, BARRY  
Address: 3838 TAMiami TRAIL #200  
City-St-Zip: NAPLES, FL 34103

Title: D      ( ) Delete  
Name: SHEPARD, DEBRA  
Address: 1008 GOODLETTE RD., N #100  
City-St-Zip: NAPLES, FL 34102

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DV      (X) Change ( ) Addition  
Name: BARTON, POLLY  
Address: 4001 TAMiami TRL. N  
City-St-Zip: NAPLES, FL 34103

Title: D      (X) Change ( ) Addition  
Name: ALAIMO, MARVE A  
Address: 8000 HEALTH CENTER BLVD, SUITE 300  
City-St-Zip: BONITA SPRINGS, FL 34135

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES E. ALAIMO

DP

05/01/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date