

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007955

FILED
Apr 28, 2009
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:

5860 GOLDEN GATE PKWY.
NAPLES, FL 34116 US

Current Mailing Address:

5860 GOLDEN GATE PKWY.
NAPLES, FL 34116

New Mailing Address:

5860 GOLDEN GATE PKWY.
NAPLES, FL 34116 US

FEI Number: 20-0224768

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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

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

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

Title: DT () Delete
Name: HOLES, BARRY
Address: 3838 TAMIAAMI 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: DP (X) Change () Addition
Name: ALAIMO, CHARLES E
Address: 63 FOUNTAIN CIR
City-St-Zip: NAPLES, FL 341194637 US

Title: DVP (X) Change () Addition
Name: BARTON, POLLY
Address: 4001 TAMIAAMI TRL. N
City-St-Zip: NAPLES, FL 341034189 US

Title: ED (X) Change () Addition
Name: MEKEEL, JEAN
Address: 5860 GOLDEN GATE PKWY
City-St-Zip: NAPLES, FL 341167497 US

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

Title: DT (X) Change () Addition
Name: HOLES, BARRY
Address: 3838 TAMIAAMI TRAIL #200
City-St-Zip: NAPLES, FL 341033586 US

Title: D (X) Change () Addition
Name: ALAIMO, MARVE A
Address: 8000 HEALTH CENTER BLVD #300
City-St-Zip: BONITA SPRING, FL 341348178 US

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

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04/28/2009

Electronic Signature of Signing Officer or Director

Date