

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N19642** (0)
1. Corporation Name
STEPPING STONES SCHOOL, INC.



Principal Place of Business: **8400 CORTEZ RD W STE F BRADENTON FL 34210 US**
Mailing Address: **8400 CORTEZ RD W STE F BRADENTON FL 34210 US**

3. Date Incorporated or Qualified: **03/12/1987**
3a. Date of Last Report: **02/01/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for Suite, City, State, Zip, and Country.

4. FEI Number: **59-2838054**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**FOLEY CAROLINE
580 DE NARVAEZ DR
LONGBOAT KE FL 34228**

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	FOLEY, CAROLINE
STREET ADDRESS	PO BOX 8326-580 DENARVAEZ DR
CITY-ST-ZIP	LONGBOAT KEY FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	DECUBELLIS, LINDA
STREET ADDRESS	5477 DECUBELLIS ROAD
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	STD <input type="checkbox"/> DELETE
NAME	FOLEY, FREDERICK S., JR.
STREET ADDRESS	580 DENARVAEZ DR
CITY-ST-ZIP	LONGBOAT KEY FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	FOLEY, LAUREN M.
STREET ADDRESS	580 DENARVAEZ DR
CITY-ST-ZIP	LONGBOAT KEY FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	580 DENARVAEZ DR
1.4 CITY-ST-ZIP	Longboat Key, FL. 34228
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frederick S. Foley, Jr. Date: April 9, 1996 Daytime Phone #: 941-383-5474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)