

# 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) fields for Name, Street Address, City, and 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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	FOLEY, CAROLINE	1.1 TITLE:	Change
STREET ADDRESS:	PO BOX 8326-580 DENARVAEZ DR	1.2 NAME:	
CITY-ST-ZIP:	LONGBOAT KEY FL	1.3 STREET ADDRESS:	580 DENARVAEZ DR
TITLE: VD	DECUBELLIS, LINDA	1.4 CITY-ST-ZIP:	Longboat Key, FL 34228
STREET ADDRESS:	5477 DECUBELLIS ROAD	2.1 TITLE:	Change
CITY-ST-ZIP:	NEW PORT RICHEY FL	2.2 NAME:	
TITLE: STD	FOLEY, FREDERICK S., JR.	2.3 STREET ADDRESS:	
STREET ADDRESS:	580 DENARVAEZ DR	2.4 CITY-ST-ZIP:	
CITY-ST-ZIP:	LONGBOAT KEY FL	3.1 TITLE:	Change
TITLE: VD	FOLEY, LAUREN M.	3.2 NAME:	
STREET ADDRESS:	580 DENARVAEZ DR	3.3 STREET ADDRESS:	
CITY-ST-ZIP:	LONGBOAT KEY FL	3.4 CITY-ST-ZIP:	
TITLE:		4.1 TITLE:	Change
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:		5.1 TITLE:	Change
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:		6.1 TITLE:	Change
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		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*

CR2E037 (12/95)