FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 13 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

N19642

(0)

STEPPING STONES SCHOOL, INC.

					<u> </u>		
Principal Place	Mailing Address			A SABARRAL DAN LLAND JAKEN DRYIN OLONG	MAT AIRIT AIRIT BIEST AIRIT	DIDIK WYSYI PABI	
8400 CORTEZ	RD W	8400 CORTEZ RD W					
STE F BRADENTON FL 34210		STE F BRADENTON FL 34210-2427					
US		US			3. Date Incorporated or Qualified 03/12/1987 3a. Date of Last Report 04/12/1996		
2. Principal Place of Business 21 5726 Cortez Rd. West		2a. Mailing Address 26 5726 Cortez Rd. West		4. FEI Number 59-2838054	Applied For Not Applicable		
Suite, Apt. #, etc. 22 336		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
23 Bradenton, FL. Zip Country		28 Bradenton, FL.		Trust Fund Contribution Added to Fees			
Zip 24 34210		Zip Country 29 34210 30 Manatee		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
24 34210	9. Name and Address of Current		1,10	maree	10. Name and Address of New Re		
			6	1 Name			
	CAROLINE	82 Street Add		dress (P.O. Box Number is Not Acceptab	le)		
580 DE NARVAEZ DR LONGBOAT KE FL 34228				3			
207100	V/11 (16 1 6 0 1660		8	4 City		85 Zip	Code
							1
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 .		***************************************	··· · · · · · · · · · · · · · · · · ·			··-···································	
12.	Signature, typed or printed name of registered agent OFFICERS AND		egistered /	gent signature req	ured when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTOR	20 INI 12
TITLE	PD	DELETE	1.1 TiTL	<u> </u>	ADDITIONS/CHANGES TO OFFIC	Change	Addition
NAME	FOLEY, CAROLINE	_	1.2 NAM				
STREET ADDRESS	580 DENARVAEZ DR		1.3 STRE	ET ADDRESS			i i
CITY-ST-ZIP	LONGBOAT KEY FL		1.4 CITY	-ST-ZIP			
TITLE	VD	☐ DELETE	2.1 TITL			☐ Change	Addition
NAME	DECUBELLIS, LINDA		2.2 NAM	E	•		
STREET ADDRESS	5477 DECUBELLIS ROAD		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY FL	Decem		/-ST-ZIP			
TITLE	STD	☐ DELETE	3.1 TITLI			☐ Change	Addition
NAME	FOLEY, FREDERICK S., JR.		3.2 NAM	"			
STREET ADDRESS	580 DENARVAEZ DR LONGBOAT KEY FL			ET ADDRESS			
CITY-ST-ZIP TITLE	VD	DELETE	4.1 TiTL	(-ST-ZIP		Change	Addition
NAME	FOLEY, LAUREN M.		4, 2 NAN	Į.		hood or north	
STREET ADDRESS	580 DENARVAEZ DR			ET ADDRESS			
CITY-ST-ZIP	LONGBOAT KEY FL			-ST-ZIP			Į
TITLE		DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAM	E			
STREET ADDRESS		·	5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY	- ST - 21P			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAM	E			
STREET ADDRESS			6.3 STR	ET ADDRESS			
CITY OT 740			G A DITM	CT 780			

SIGNATURE: FURNITURE AND TYPED OR PRINTED NAME OF RECTOR OR DIRECTOR OF DIRECTOR

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.