

FILE NOW: FILING FEE IS \$61.25

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**Feb 13 1997 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**



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 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 **04/12/1996**

2. Principal Place of Business 2a. Mailing Address
21 5726 Cortez Rd. West 26 5726 Cortez Rd. West

4. FEI Number **59-2838054** Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 336 27 336

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State City & State
23 Bradenton, FL. 28 Bradenton, FL.

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country Zip Country
24 34210 25 Manatee 29 34210 30 Manatee

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 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLEY, CAROLINE	1.2 NAME	
STREET ADDRESS	580 DENARVAEZ DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECUBELLIS, LINDA	2.2 NAME	
STREET ADDRESS	5477 DECUBELLIS ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLEY, FREDERICK S., JR.	3.2 NAME	
STREET ADDRESS	580 DENARVAEZ DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLEY, LAUREN M.	4.2 NAME	
STREET ADDRESS	580 DENARVAEZ DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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.

SIGNATURE: *Frederick S. Foley* **Frederick S. Foley Jr.** 2/6/97 94-383-SY74
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 082019

CR2E037 (9/96)