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Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 5726 CORTEZ RD WEST #336 BRADENTON FL 34210 US
Mailing Address: 5726 CORTEZ RD WEST #336 BRADENTON FL 34210 US

3. Date Incorporated or Qualified: 03/12/1987
4. FEI Number: 59-2838054
Applied For: Not Applicable

2. Principal Place of Business: 21 19046 Bruce B. Downs Blvd. Suite, Apt. #, etc. 22 230 City & State 23 TAMPA, FL. Zip 24 33647 Country 25
2a. Mailing Address: 26 19046 Bruce B. Downs Blvd. Suite, Apt. #, etc. 27 230 City & State 28 Tampa FL. Zip 29 33647 Country 30

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. 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: Caroline Foley
82 Street Address (P.O. Box Number is Not Acceptable): 29446 Sea Dahlia Pass
83 W
84 City: Wesley Chapel FL 85 Zip Code: 33543

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Caroline Foley sea Dahlia Pass		
1.3 STREET ADDRESS	29446 Bruce B. Downs Blvd.		
1.4 CITY-ST-ZIP	Wesley Chapel, FL 33543		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	TD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Foley, Frederick S. Jr		
3.3 STREET ADDRESS	29446 Sea Dahlia Pass		
3.4 CITY-ST-ZIP	Wesley Chapel, FL 33543		
4.1 TITLE	VD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	Lauren Foley, Lauren M.		
4.3 STREET ADDRESS	29446 Sea Dahlia Pass		
4.4 CITY-ST-ZIP	Wesley Chapel, FL 33546		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Caroline Foley PD DATE: April 18 1998 813-973-0119

CR2E037 (10/97)