Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90001 046 ****61.25

DOCUMENT # N19642

Principal Place of Business

STEPPING STONES SCHOOL, INC.

19046 BRUCE 230 TAMPA FL 336 US	B DOWNS BLVD 547	19046 BRUCE B. DOWNS BLVD 230 TAMPA FL 33647 US								
2. Principal P	lace of Business	2a. Mailing Address				3. Date Incorpora 03/12/1987		•		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number			1	Applied For
22		27				59-283805	4		1	Not Applicable
City & Stat	e	City & State				5. Certifcate of S	tatus Desired			Additional Required
Zip 24	Country 25	Zip Country 30				6. Election Campaign Financing Trust Fund Contribution \$5.00 May B Added to Fees				•
	9. Name and Address of Current	Registered Agent				10. Name and Ad	idress of New	Registered A	gent	
			81	Na	me					
FOLEY, C	aroline A Dahlia Pass		82 Street Add			dress (P.O. Box Number is Not Acceptable)				
	CHAPEL FL 33543		83		-					
			84	Cit	y	<u></u>		FL	85 Zij	p Code
agent. I a	egistered agent, or both, in the State of mailiar with, and accept the obligation of specific property of printed name of registered agent.	ons of, Section 617.0503, Florida	a Statutes	i.		when reinstating)	s. I nereby acce	DATE	, · · · · · · · · · · · · · · · · · · ·	registered;
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CH	ANGES TO OF	FICERS AND		
TITLE	PD	☐ DELETE	1.1 TITLE			3.1. 2.			Change	e 🗌 Addition
NAME	FOLEY, CAROLINE		1.2 NAME		ļ					
STREET ADDRESS	29446 SEA DAHLIA PASS		1.3 STREE	TADOR	ESS					
CITY-ST-ZIP	WESLEY CHAPEL FL 33543		1.4 CITY-S	T-ZIP						
TITLE	VD	☐ DELETE	2.1 TITLE						Change	e 🔲 Addition
NAME	DECUBELLIS, LINDA		2.2 NAME							
STREET ADDRESS			2.3 STREE		ESS					
CITY-ST-ZIP	NEW PORT RICHEY FL	☐ DELETE	2.4 CITY-S 3.1 TITLE	ST-ZIP		7			☐ Change	e 🔲 Addition
NAMÉ :	TD Foley, Frederick S., Jr.	□ beceie	3.1 TITLE						L Onding	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
STREET ADDRESS			3.3 STREE	TADOR	FSS					-
CITY-ST-ZIP	WESLEY CHAPEL FL 33543		3.4. CITY-8							
TITLE	VD	☐ DELETE	4.1 TITLE	,. <u></u>					Chang	e
NAME	FOLEY, LAUREN M.		4, 2 NAME							
STREET ADDRESS	***** *** *** ***		4.3 STREE	TADOR	ESS					经分割
CITY-ST-ZIP	WESLEY CHAPEL FL 33546		4.4 CITY-S	T-ZIP		· .	**		· v · / · /	
TITLE		☐ DELETE	5.1 TITLE						Chang	e 🔲 Addition
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE		ESS					
CITY-ST-ZIP		□ DELETE	5.4 CITY-S 6.1 TITLE	I-ZIP					☐ Change	e
TITLE		☐ DELETE	6.2 NAME		İ				C CHAIR	a Munimum
NAME STREET ADDRESS			6.3 STREE	TADOR	ESS					
OTREET AUDICESS		7								

14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP