

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 # **N27118** (1)

1. Corporation Name

STEPPING STONES OF COLLIER COUNTY, INC.



Principal Place of Business

**614 SOUTH 5 ST
IMMOKALEE FL 33934
US**

Mailing Address

**PO BOX 326
IMMOKALEE FL 33934
US**

3. Date Incorporated or Qualified
06/23/1988

3a. Date of Last Report
01/23/1995

2. Principal Place of Business

21 3716 ESTEY AVE

Suite, Apt. #, etc.

22

City & State

23 NAPLES, FL.

Zip

24 33942

Country

25 COLLIER

2a. Mailing Address

26 3716 ESTEY AVE.

Suite, Apt. #, etc.

27

City & State

28 NAPLES, FL.

Zip

29 33942

Country

30 COLLIER

4. FEI Number

65-0066478

Applied For

Not Applicable

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

**VIRGINIA QUILLINAN
355 RIDGE DR
NAPLES FL 33963**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
BOWLES, MARGARET
11784 QUAIL VILLAGE WAY
NAPLES FL** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
ADAMS, GAIL
221 BURNING TREE DR
NAPLES FL** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVS
QUILLINAN, VIRGINIA
355 RIDGE DR.
NAPLES FL** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DD
WILSON, CATHERINE
607 NASSAU STREET APT. 1
IMMOKALEE FL** ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
**DD
NELSON, DICK
3716 ESTEY AVE
NAPLES, FL 33942** ☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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:

Dick Nelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(941) 643-3250

CR2E037 (12/95)