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Jan 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N27118** (1)

1. Corporation Name

STEPPING STONES OF COLLIER COUNTY, INC.

Principal Place of Business

Mailing Address

3716 ESTEY AVE
NAPLES FL 33942
US

3716 ESTEY AVE
NAPLES FL 33942
US

2. Principal Place of Business

2a. Mailing Address

21 1015 West Main
Suite, Apt. #, etc.

26 PO Box 326
Suite, Apt. #, etc.

22

27

23 Immokalee, Florida
City & State

28 Immokalee, Florida
City & State

24 34142
Zip

Country

29 34143
Zip

Country

25 Collier

30 Collier

9. Name and Address of Current Registered Agent

VIRGINIA QUILLINAN
355 RIDGE DR
NAPLES FL 33963

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

06/23/1988

4. FEI Number

65-0066478

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

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 **TD** ☐ DELETE

NAME **MIHALIC, CINDY**
STREET ADDRESS **400 CARICA ROAD**
CITY - ST - ZIP **NAPLES FL**

TITLE **DP** ☐ DELETE

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

TITLE **DVS** ☐ DELETE

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

TITLE **PD** ☒ DELETE

NAME **NELSON, DICK**
STREET ADDRESS **3716 ESTEY AVE**
CITY - ST - ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Executive Director
Maria Adame
1015 West Main
Immokalee Fl. 34142

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.

SIGNATURE: **MARIA ADAME** *Maria Adame*

1-13-98 941-657-8508

CR2E037 (10/97)