02221999-90114-022-$61.25-$61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR 22 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N27118

1. Corporation Name

STEPPING STONES OF COLLIER COUNTY, INC.

Principal Place of Business	Mailing Address
1015 WEST MAIN IMMOKALEE FL 34142 US	P.O. BOX 326 IMMOKALEE FL 34143 US

[redacted]

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	06/23/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 65-0066478 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VIRGINIA QUILLINAN 355 RIDGE DR NAPLES FL 33963	81 Name: Marva Branch 82 Street Address (P.O. Box Number is Not Acceptable): 1 Broadway Circle 83 84 City: Fort Myers FL 85 Zip Code: 33901

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: Marva Branch — 3/18/99
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	TD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MIHALIC, CINDY		1.2 NAME		
STREET ADDRESS	400 CARICA ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ADAMS, GAIL		2.2 NAME		
STREET ADDRESS	221 BURNING TREE DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP		
TITLE	DVS	☒ DELETE	3.1 TITLE	DVS	☒ Change ☐ Addition
NAME	QUILLINAN, VIRGINIA		3.2 NAME	Evers, Laurie	
STREET ADDRESS	355 RIDGE DR.		3.3 STREET ADDRESS	1015 West Main Street	
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	Immokalee FL, 34142	
TITLE	ED	☒ DELETE	4.1 TITLE	ED	☒ Change ☐ Addition
NAME	ADAME, MARIA		4.2 NAME	Branch, Marva	
STREET ADDRESS	1015 WEST MAIN		4.3 STREET ADDRESS	1015 West Main Street	
CITY-ST-ZIP	IMMOKALEE FL 34142		4.4 CITY-ST-ZIP	Immokalee, FL 34142	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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)(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.

SIGNATURE: Marva Branch — Marva Branch — 01-08-99 — 941-657-8508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)