

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 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 # N49926 (1)
1. Corporation Name
STEPPING STONE FOUNDATION, INC.



Principal Place of Business 515 N ORANGE BLOSSOM TR ORLANDO FL 32805 US	Mailing Address 515 N ORANGE BLOSSOM TR ORLANDO FL 32805 US
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3. Date Incorporated or Qualified 07/17/1992		
4. FEI Number 59-3139883	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent FERRILLI, PAUL C. 515 N ORANGE BLOSSOM TR ORLANDO FL 32805	10. Name and Address of New Registered Agent 81. Name Edward Gastaldo 82. Street Address (P.O. Box Number is Not Acceptable) 83. 515 N. Orange Blossom Trail 84. City Orlando FL 85. Zip Code 32805
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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: *Edward Gastaldo* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKLOR, EDWARD S	1.2 NAME	
STREET ADDRESS	3201 E. COLONIAL DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRILLI, PAUL C.	2.2 NAME	
STREET ADDRESS	515 N. ORANGE BLOSSOM TR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GASTALDO, EDWARD	3.2 NAME	
STREET ADDRESS	515 N. ORANGE BLOSSOM TR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, ARTHUR L	4.2 NAME	D
STREET ADDRESS	7007 SEA WORLD DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Arkin, J. Gordon C.D
STREET ADDRESS		5.3 STREET ADDRESS	Chairman
CITY-ST-ZIP		5.4 CITY-ST-ZIP	111 N. Orange Ave, Suite 1800
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	B
STREET ADDRESS		6.3 STREET ADDRESS	Sharon McLearn
CITY-ST-ZIP		6.4 CITY-ST-ZIP	1414 Kuhl Avenue

5.1 TITLE Change Addition
5.2 NAME **Arkin, J. Gordon C.D**
5.3 STREET ADDRESS **Chairman**
5.4 CITY-ST-ZIP **111 N. Orange Ave, Suite 1800**
Orlando, FL

6.1 TITLE Change Addition
6.2 NAME **B**
6.3 STREET ADDRESS **Sharon McLearn**
6.4 CITY-ST-ZIP **1414 Kuhl Avenue**
Orlando, FL. 32806.

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: *Edward Gastaldo* EDWARD 4-22-98 407-649-4100

CR2E037 (10/97)