

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90101 009 \*\*\*\*61.25

DOCUMENT # N49926

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date incorporated or Qualified

07/17/1992

4. FEI Number

59-3139883

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

Trust Fund Contribution

9. Name and Address of Current Registered Agent

GASTALDO, EDWARD  
515 N ORANGE BLOSSOM TR  
ORLANDO FL 32805

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 *Edward Gastaldo*

Signature, typed or printed name of registered agent and title if applicable.

EDWARD GASTALDO

(NOTE: Registered Agent signature required when reinstating)

4-20-99

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE

NAME ARKIN, J G  
STREET ADDRESS 111 N ORANGE AVE STE 1800  
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE

NAME MCLEARN, SHARON  
STREET ADDRESS 1414 KUHLE AVE  
CITY-ST-ZIP ORLANDO FL 32806

TITLE V ☐ DELETE

NAME GASTALDO, EDWARD  
STREET ADDRESS 515 N. ORANGE BLOSSOM TR.  
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE

NAME FREEMAN, ARTHUR L  
STREET ADDRESS 7007 SEA WORLD DRIVE  
CITY-ST-ZIP ORLANDO 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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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: *Edward Gastaldo* SIGNATURE: EDWARD GASTALDO

4-20-99

407-649-4100

Date

Daytime Phone #

CR2E037 (1/98)