
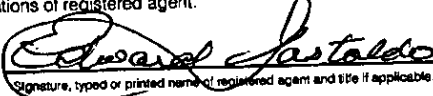



**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

1/2

FILED
Feb 14, 2003 8:00 am
Secretary of State

01-21-2003 90111 013 ****61.25

DOCUMENT # N49926			
1. Entity 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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent FIOLA, ROBERT 315 N ORANGE BLOSSOM TRAIL ORLANDO FL 32805		7. Name and Address of New Registered Agent Name EDWARD GASTALDO Street Address (P.O. Box Number is Not Acceptable) 315 NO ORANGE BLOSSOM TRAIL City ORLANDO FL Zip Code 32805	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  EDWARD GASTALDO DATE 1-16-03 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	CD <input type="checkbox"/> Delete	TITLE	Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARKIN, J G	NAME	Rob Stansfield
STREET ADDRESS	111 N ORANGE AVE STE 1800	STREET ADDRESS	707 Mendham Blvd #200
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP	Orlando FL 32825
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLEARN, SHARON	NAME	
STREET ADDRESS	211 EAST COLONIAL DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GASTALDO, EDWARD	NAME	
STREET ADDRESS	515 N. ORANGE BLOSSOM TR.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, ARTHUR L	NAME	
STREET ADDRESS	7007 SEA WORLD DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date 1-16-03 Daytime Phone # 407-679-4100	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CR2E037 (10/02)