

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
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90082 026 ****61.25

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1. Corporation Name

STEP BY STEP CHRISTIAN DAY SCHOOL, INC.

Principal Place of Business

7800 COLLEGE PARKWAY
FT. MYERS FL 33907

Mailing Address

7800 COLLEGE PARKWAY
FT. MYERS FL 33907



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

09/14/1998

4. FEI Number

65-0866446

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BROWN, DONALD C
1411 SE 40 STREET
CAPE CORAL FL 33904-7933

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME ANTONE, ROBIN
STREET ADDRESS 1149 SW 47 TERR
CITY-ST-ZIP CAPE CORAL FL 33914

☐ DELETE

TITLE D
NAME FORSLUND, LINDA
STREET ADDRESS 1415 SANTA BARBARA AVE
CITY-ST-ZIP FT. MYERS FL 33901

☐ DELETE

TITLE DT
NAME BROWN, D. COLIN
STREET ADDRESS 1411 SE 40 ST.
CITY-ST-ZIP CAPE CORAL FL 33904

☐ DELETE

TITLE DS
NAME CARROLL, CARISSA
STREET ADDRESS 18328 LEE ROAD
CITY-ST-ZIP FT. MYERS FL 33912

☐ DELETE

TITLE DV
NAME SPEARMAN, TOM
STREET ADDRESS 8542 S. LAKE CIR
CITY-ST-ZIP FT. MYERS FL 33908

☐ DELETE

TITLE DP
NAME REED, MIKE D
STREET ADDRESS 849 SW 18 ST
CITY-ST-ZIP CAPE CORAL FL 33991

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Donald C. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-99

Date

941-945-3046

Daytime Phone #

CR2E037 (1/98)