

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90001 015 ****61.25

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Entity Name
STEP BY STEP CHRISTIAN DAY SCHOOL, INC.



Principal Place of Business
**7800 COLLEGE PKWY
FORT MYERS, FL 33907-5552 US**

Mailing Address
**7800 COLLEGE PKWY
FORT MYERS, FL 33907-5552 US**

DO NOT WRITE IN THIS SPACE



07012004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
65-0866446

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KELLY, SCOTTY L
7800 COLLEGE PKWY
FORT MYERS, FL 33907-5552**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	KELLY, SCOTTY LYNN
STREET ADDRESS	47200 WHITEWATER CT <i>6324 Hofstra Ct.</i>
CITY-ST-ZIP	FORT MYERS BEACH, FL 33904 <i>Fort Myers, FL 33919</i>
TITLE	DVP
NAME	SPEARMAN, TOM <i>Reed, Michael</i>
STREET ADDRESS	8542 S LAKE CIRCLE <i>1429 Cape Coral Pkwy #11</i>
CITY-ST-ZIP	FORT MYERS, FL 33908 <i>Cape Coral, FL 33914</i>
TITLE	DT
NAME	SIPOS, CANDY
STREET ADDRESS	7553 EAGLES FLIGHT LANE
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	DS
NAME	YATES, JULIE
STREET ADDRESS	5551 MONTILLA DRIVE
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

Scotty Lynn Kelly *Scotty Lynn Kelly*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/04

Date

239-936-9201

Daytime Phone #