

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2005 8:00 am
Secretary of State

07-21-2005 90030 048 ****61.25

DOCUMENT # N98000005310

1. 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**

50056703



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06302005 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

7. Name and Address of New Registered Agent

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

Name **LUCAS, Julie A.**

Street Address (P.O. Box Number is Not Acceptable)

7800 College Parkway

City **Fort Myers**

FL

Zip Code **33907 5552**

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 **Julie Ann Lucas**

6/30/05

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 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☒ Delete
NAME **KELLY, SCOTTY LYNN**
STREET ADDRESS **6324 HOFSTRA CT**
CITY-ST-ZIP **FORT MYERS, FL 33919**

TITLE **DV** ☒ Delete
NAME **REED, MICHAEL**
STREET ADDRESS **1429 CAPE CORAL PKWY #11**
CITY-ST-ZIP **CAPE CORAL, FL 33914**

TITLE **DT** ☒ Delete
NAME **SIPOS, CANDY**
STREET ADDRESS **7553 EAGLES FLIGHT LANE**
CITY-ST-ZIP **FORT MYERS, FL 33912**

TITLE **DS** ☒ Delete
NAME **YATES, JULIE**
STREET ADDRESS **5551 MONTILLA DRIVE**
CITY-ST-ZIP **FORT MYERS, FL 33919**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **LUCAS, Julie**
STREET ADDRESS **1813 SE 8th Street**
CITY-ST-ZIP **Cape Coral, FL 33990**

TITLE **P** ☒ Change ☐ Addition
NAME **Reed, Michael**
STREET ADDRESS **1429 Cape Coral Parkway #11**
CITY-ST-ZIP **Cape Coral, FL, 33914**

TITLE **TR** ☐ Change ☒ Addition
NAME **Gwaltney, Shelton**
STREET ADDRESS **1552 Manchester Boulevard**
CITY-ST-ZIP **Fort Myers, FL, 33919**

TITLE **TR** ☐ Change ☒ Addition
NAME **Gwaltney, Michelle**
STREET ADDRESS **1552 Manchester Boulevard**
CITY-ST-ZIP **Fort Myers, FL, 33919**

TITLE **TR** ☐ Change ☒ Addition
NAME **Massengale, Robert**
STREET ADDRESS **7811 Reflection Cove Drive #107**
CITY-ST-ZIP **Fort Myers, FL, 33907**

TITLE **TR** ☐ Change ☒ Addition
NAME **Hagopian, Valerie**
STREET ADDRESS **12201 Shoreview Drive**
CITY-ST-ZIP **Matlacha, FL, 33993**

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

Julie Lucas