

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

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**



02082006 No Chg-NP

CR2E037 (11/05)

4. FEI Number

65-0866446

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LUCAS, JULIE A.
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

Julie Lucas Director

2/8/06

(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 May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LUCAS, JULIE
STREET ADDRESS	1813 SE 8TH STREET
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	P
NAME	REED, MICHAEL
STREET ADDRESS	1429 CAPE CORAL PARKWAY # 11
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	TR
NAME	GWALTREY, SHELTON
STREET ADDRESS	1552 MANCHESTER BLVD.
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	TR
NAME	GWALTNEY, MICHELLE
STREET ADDRESS	1552 MANCHESTER BLVD.
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	TR
NAME	MASSENGALE, ROBERT
STREET ADDRESS	7811 REFLECTION COVE DRIVE # 107
CITY-ST-ZIP	FORT MYERS, FL 33907
TITLE	TR
NAME	HAGOPIAN, VALERIE
STREET ADDRESS	12201 SHOREVIEW DRIVE
CITY-ST-ZIP	MATACHA, FL 33993

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02/24/06-80006-002 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Director

2/8/06

239-936-9201

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #