2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005310

FILED Feb 21, 2008 Secretary of State

Entity Name: STEP BY STEP CHRISTIAN DAY SCHOOL, INC.

Current Principal Place of Business: New Principal Place of Business: 7800 COLLEGE PKWY FORT MYERS, FL 339075552 US **Current Mailing Address: New Mailing Address:** 7800 COLLEGE PKWY FORT MYERS, FL 339075552 US FEI Number: 65-0866446 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LUCAS, JULIE A 7800 CÓLLEGE PKWY FORT MYERS, FL 339075552 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete LUCAS, JULIE GWALTNEY, SHELTON Name: Name: 1813 SE 8TH STREET Address: 1552 MANCHESTER BLVD. Address: City-St-Zip: CAPE CORAL, FL 33990 US City-St-Zip: FORT MYERS, FL 33919 US Title: () Delete Title: () Change () Addition REED, MICHAEL Name: Name: Address: 1429 CAPE CORAL PARKWAY # 11 Address: City-St-Zip: CAPE CORAL, FL 33914 US City-St-Zip: Title: () Delete Title: (X) Change () Addition GWALTREY, SHELTON GWALTNEY, MICHELLE Name: Name: 1552 MANCHESTER BLVD. 1552 MANCHESTER BLVD. Address: Address: City-St-Zip: FORT MYERS, FL 33919 US City-St-Zip: FORT MYERS, FL 33919 US Title: TR () Delete Title: TR (X) Change () Addition GWALTNEY, MICHELLE Name: Name: HAGOPIAN, VALERIE 1552 MANCHESTER BLVD. 12201 SHOREVIEW DRIVE Address: Address: City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: MATLACHA, FL 33993 US Title: (X) Change () Addition () Delete Title: MASSENGALE, ROBERT MASSENGALE, ROBERT Name: Name: 7811 REFUCTION COVE DRIVE # 107 7811 REFLECTION COVE DRIVE # 107 Address: Address: City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: FORT MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: SHELTON GWALTNEY O 02/21/2008

(X) Delete

HAGOPIAN. VALERIE

MATIACHA, FL 33993

12201 SHOREVIEW DRIVE

Title:

Name:

Address:

City-St-Zip:

() Change () Addition