

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. ...
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 743012 (7)

1. Corporation Name
MONTESSORI CHILDREN'S HOUSE AND ACADEMY OF LAKEL AND INC.



Principal Place of Business: **745 S. INGRAHAM AVE. BOX 6411 LAKELAND FL 33807**
Mailing Address: **745 S. INGRAHAM AVE. BOX 6411 LAKELAND FL 33807**

3. Date Incorporated or Qualified: **05/24/1978**
3a. Date of Last Report: **01/24/1995**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

4. FEI Number: **59-1883913**
Applied For: **Amo. [initials]**
Applicable: **Yes**

Suite, Apt. #, etc.: **22**

5. Certificate of Status Desired: **\$0.75 Additional Fee Required**

City & State: **23**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: **24** Country: **25**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**SQUIRE, ANGELA
5206 DISMUKE DRIVE
LAKELAND FL 33813**

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: *Angela Squire DT. 1-20-96* DATE: **1-20-96**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	SQUIRE STEPHEN	
STREET ADDRESS	5206 DISMUKE DR.	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	VDS	<input type="checkbox"/>
NAME	SEILER CARMEN	
STREET ADDRESS	5600 E. LAKEWOOD CIRCLE	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	DT	<input type="checkbox"/>
NAME	SQUIRE, ANGELA	
STREET ADDRESS	5206 DISMUKE DRIVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

200001730442
-03/04/96--01036--004
*****20.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 change, or on an attachment with an address.

SIGNATURE: *Angela Squire* DATE: **1-20-96** (813) 682-1574

CR2E037 (12/95)