2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2007
Secretary of State

DOCUMENT# N05000003088

Entity Name: FRIENDS OF AXSON MONTESSORI ELEMENTARY INC.

Current Principal Place of Business:

4763 SUTTON PARK COURT
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

4763 SUTTON PARK COURT
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 83-0374970 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LUKENS-BULL, KATRYNE
4763 SUTTON PARK COURT
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

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:

Title: P ( ) Delete
Name: LUKENS-BULL, KATRYNE
Address: 4763 SUTTON PARK COURT
City-St-Zip: JACKSONVILLE, FL 32224

Title: S ( ) Delete
Name: CULLEN, CAROL
Address: 4763 SUTTON PARK COURT
City-St-Zip: JACKSONVILLE, FL 32224

Title: T ( ) Delete
Name: WEBER, LORI
Address: 4763 SUTTON PARK COURT
City-St-Zip: JACKSONVILLE, FL 32224

Title: O ( ) Delete
Name: COOPER, HANNAH
Address: 4763 SUTTON PARK COURT
City-St-Zip: JACKSONVILLE, FL 32224

Title: O ( ) Delete
Name: RUSH, THOMAS
Address: 4763 SUTTON PARK COURT
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: WOODRING, MARY
Address: 4763 SUTTON PARK COURT
City-St-Zip: JACKSONVILLE, FL 32224

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: O (X) Change ( ) Addition
Name: OTHMER, MICHELLE
Address: 4763 SUTTON PARK COURT
City-St-Zip: JACKSONVILLE, FL 32224

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: KATRYNE LUKENS BULL P 04/22/2007

Electronic Signature of Signing Officer or Director — Date