

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N50336 (9)
1. Corporation Name
COUNTRYSIDE MONTESSORI SCHOOL, INC.



Principal Place of Business: **5237 ASHTON RD SARASOTA FL 34233**
Mailing Address: **5237 ASHTON RD SARASOTA FL 34233**

3. Date Incorporated or Qualified: **08/05/1992**
3a. Date of Last Report: **01/23/1995**

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0358841	Not Applicable
22	City & State	27	City & State	5	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCGRATH LORNA 5237 ASHTON RD. SARASOTA FL 34233				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAHANEY, WILLIAM D.	1.2 NAME	KIM FREY
STREET ADDRESS	243 GREENCOVE RD	1.3 STREET ADDRESS	7340 POINT OF ROCKS RD
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP	SARASOTA FL 34239
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGRATH, LORNA	2.2 NAME	JOHN CLOUD
STREET ADDRESS	7018 40TH AVE E	2.3 STREET ADDRESS	2610 CARDINAL PL
CITY-ST-ZIP	PALMETTO FL	2.4 CITY-ST-ZIP	SARASOTA FL 34239
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, KATHERINE M.	3.2 NAME	JOHN SHEA
STREET ADDRESS	6402 SHOAL CREEK CIRCLE	3.3 STREET ADDRESS	1339 DIXIE LEE
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	SARASOTA FL 34232
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, CHRISTOPHER	4.2 NAME	
STREET ADDRESS	1723 CHEYENNE ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, PATTON	5.2 NAME	
STREET ADDRESS	3 SHANGRI LA RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRICKHOUSE, COLLEEN	6.2 NAME	
STREET ADDRESS	1099 LAKEHOUSE CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	

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 changed, or on an attachment with an address.

SIGNATURE: Tandy David Seldin **1/19/95** 941-922-4949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)