

**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 <b>65-0358841</b>	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.			Not Applicable
23	City & State	27	City & State	5.	Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
24	Zip	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
25	Country	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
30	Country					

**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
85	Zip Code

**FL**

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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**1/19/95**  
Date  
**941-922-4949**  
Daytime Phone #

CR2E037 (12/95)