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Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34233-3417
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3. Date Incorporated or Qualified 08/05/1992	3a. Date of Last Report 01/29/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 65-0358841	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ 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 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 _____ (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	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREY, KIM	1.2 NAME	LORNA McGRATH
STREET ADDRESS	7340 POINT OF ROCKS RD	1.3 STREET ADDRESS	5237 ASHTON ROAD
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	SECRETARY/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLOUD JOHN	2.2 NAME	WILLIAM D MANNING
STREET ADDRESS	2610 CARDINAL PL	2.3 STREET ADDRESS	243 GREENCOVE ROAD
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	VENICE, FL 34292
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEA, JOHN	3.2 NAME	KATHERINE WILLIAMS
STREET ADDRESS	1339 DIXIE LEE	3.3 STREET ADDRESS	6402 SHOAL CREEK STREET
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	BRADENTON, FL
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: **X** *Lorna P. McGrath* **1/7/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **00631105**

CR2E037 (9/96)