

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000005454 (0)
 1. Corporation Name
MONTESSORI PARENT TEACHER ORGANIZATION, INC.



Principal Place of Business 1230 BANANA RIVER DRIVE INDIAN HARBOR BEACH FL 32937	Mailing Address P O BOX 372465 SATELLITE BEACH FL 32937
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	24 Country	25 Country	29 Country	30 Country
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3. Date Incorporated or Qualified
09/25/1997

4. FEI Number
59-3469914

5. Certificate of Status Desired Applied For Not Applicable **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

DOVE, JOYCE S
2074 THOMASVILLE RD
TALLAHASSEE FL 32312

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 617.1503, 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 type="checkbox"/> Addition
NAME	STALNAKER, GAIL	1.2 NAME	
STREET ADDRESS	245 STEWART DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEIKH, DEBORAH	2.2 NAME	
STREET ADDRESS	245 STEWART DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, BECKY	3.2 NAME	
STREET ADDRESS	870 PEREGRINE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL 32903	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERNBERG, TERESA	4.2 NAME	
STREET ADDRESS	1705 OLD GLORY BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	VIERA FL 32940	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRESNER, ROBIN	5.2 NAME	
STREET ADDRESS	4152 MOCKINGBIRD DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32934	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERHORST, WENDY	6.2 NAME	
STREET ADDRESS	3885 S TROPICAL TRAIL	6.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	6.4 CITY-ST-ZIP	

14. I 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: *Sandra B. Mortham* President 1/8/98 407-453-6791
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)