

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005
Secretary of State

DOCUMENT# N97000005454

Entity Name: MONTESSORI PARENT TEACHER ORGANIZATION, INC.

Current Principal Place of Business:

1230 BANANA RIVER DRIVE
INDIAN HARBOR BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

P O BOX 372465
SATELLITE BEACH, FL 32937

New Mailing Address:

FEI Number: 59-3469914 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERSON, CPA, PA, DOUGLASS A
1413 SOUTH PATRICK DRIVE
SUITE 7
INDIAN HARBOUR BEACH, FL 32937 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: DCC () Delete
Name: SHAW, MARK
Address: 9320 S. TROPICAL TRL.
City-St-Zip: MERRITT ISLAND, FL 32952

Title: T () Delete
Name: DOUGHERTY, GWEN
Address: 375 BARNACLE LANE
City-St-Zip: INDIALANTIC, FL 32903

Title: DCC (X) Delete
Name: KELLY, JOHN
Address: 3052 JACOBAEUS LANE
City-St-Zip: INDIALANTIC, FL 32903

Title: T () Delete
Name: SHAW, APRIL
Address: 9320 S. TROPICAL TRL.
City-St-Zip: MERRITT ISLAND, FL 32952

Title: S () Delete
Name: BECKETT, GINNA
Address: 2030 CANTERBURY DR.
City-St-Zip: INDIALANTIC, FL 32903

Title: S () Delete
Name: DAVID, HEATHER
Address: 5070 WILD CINNAMON DR.
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: S (X) Change () Addition
Name: MCGLAUFLIN, SHARON
Address: 2874 BAYEUX AVE.
City-St-Zip: MELBOURNE, FL 32935

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: APRIL SHAW

T

02/17/2005

Electronic Signature of Signing Officer or Director

_____ Date