

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005454

FILED  
Mar 03, 2006  
Secretary of State

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

Title: S ( ) Delete  
Name: MCGLAUFILIN, SHARON  
Address: 2874 BAYEUX AVE.  
City-St-Zip: MELBOURNE, FL 32935

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DCC (X) Change ( ) Addition  
Name: BORTNER, ANDREA  
Address: 208 LOGGERHEAD DRIVE  
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: T (X) Change ( ) Addition  
Name: VAN ALLEN, ANITA  
Address: 1063 JAN'S PLACE  
City-St-Zip: MELBOURNE, FL 32935

Title: T (X) Change ( ) Addition  
Name: SHAW, APRIL  
Address: 200 ORLANDO BLVD.  
City-St-Zip: INDIALANTIC, FL 32903

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

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 Chapter 119, 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

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03/03/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date