FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 25 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **748104** **(7)**

1. Corporation Name
P.T.S. MONTESSORI COOP, INC.

Principal Place of Business	Mailing Address
11499 VONN ROAD LARGO FL 34644	11499 VONN ROAD LARGO FL 34644

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/17/1979
3a. Date of Last Report: 02/22/1994
4. FEI Number: 59-2785096 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

GOODALE, ELIZABETH ANNE, ESQ.
14300 INDIAN ROCKS ROAD
LARGO FL

10. Name and Address of New Registered Agent

81 Name: John Disharoon
82 Street Address (P.O. Box Number is Not Acceptable): 11499 Vonn Rd.
83
84 City: Largo, FL. FL 85 Zip Code: 34644

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: John Disharoon — John Disharoon Director Upper school — DATE: 2/21/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	1.1 TITLE	V/D	☒ Change ☐ Addition
NAME	DISHAROON, JOHN	1.2 NAME	ALLAN SWIFT	
STREET ADDRESS	11499 VONN RD.	1.3 STREET ADDRESS	11499 Vonn Rd	
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	Largo FL 34644	
TITLE	P	2.1 TITLE	P/D	☒ Change ☐ Addition
NAME	REINHADT, DEBRA A	2.2 NAME	KOSTAMO, MARIE	
STREET ADDRESS	3125 TIFFANY DR.	2.3 STREET ADDRESS	13790 87th Place N.	
CITY-ST-ZIP	BELLAIR BEACH FL 34635	2.4 CITY-ST-ZIP	Seminole, FL 346446	
TITLE	V	3.1 TITLE	V/D	☒ Change ☐ Addition
NAME	HOOKER, GINA	3.2 NAME	LICHT, BRENDA	
STREET ADDRESS	10510 VONN RD.	3.3 STREET ADDRESS	12405 Harborwood Drive	
CITY-ST-ZIP	SEMINOLE FL 34642	3.4 CITY-ST-ZIP	Largo FL 34644	
TITLE	T	4.1 TITLE	T/D	☒ Change ☐ Addition
NAME	GODFREY, ERNEST	4.2 NAME	BEIRL, BEVERLY	
STREET ADDRESS	1077 NINA ST.	4.3 STREET ADDRESS	10185 Danielle Dr	
CITY-ST-ZIP	LARGO FL 34646	4.4 CITY-ST-ZIP	Largo FL 346444	
TITLE	S	5.1 TITLE	S/D	☒ Change ☐ Addition
NAME	DER GARABEDIAN, DENISE	5.2 NAME	ZAKOS, CELINE	
STREET ADDRESS	P.O. BOX 2773	5.3 STREET ADDRESS	14215 Siesta Rd	
CITY-ST-ZIP	PINELLAS PARK FL 34664	5.4 CITY-ST-ZIP	Largo FL 34644	
TITLE	D	6.1 TITLE		☒ Change ☐ Addition
NAME	HALL, SHARON	6.2 NAME		
STREET ADDRESS	11499 VONN RD.	6.3 STREET ADDRESS	N/A	
CITY-ST-ZIP	LARGO FL 34644	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)(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: Beverly C. Beirl (Beverly C. Beirl, Treasurer) — 1/23/95 — 813 391-0269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0097169