2000 UNIFORM BUSINESS REPORT (UBR)

5/23/00-90214-033-$61.25-$61.25

DOCUMENT # N99000000502

1. Entity Name

GOOD SHEPHERD MONTESSORI FOUNDATION, INC.

FILED

00 JUN -6 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business
STARBIRD ST
FL 32726

Mailing Address
904 STARBIRD ST
EUSTIS FL 32726-4735

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3563130 — Applied For / X Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEMPHILL, CECILE M
11134 COUNTY RD 44
LEESBURG FL 34788

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TD ☐ Delete NG, MAYRA 720 BOYOLESTON ST ST-ZIP LEESBURG FL 34748	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
D ☐ Delete BURGOS, LOURDES DR. 1701 EDGEWATER DR ST-ZIP MT DORA FL 32757	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
SD ☐ Delete COOKE, KIMBERLY 2491 E. CROOKED LAKE CLUB BLVD ST-ZIP EUSTIS FL 32726	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
D ☐ Delete MALCOLM, ANITA 2427 BAY AVE SOUTH ST-ZIP SANFORD FL 32771	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
PD ☐ Delete HEMPHILL, CECILE M 11134 COUNTY RD 44 ST-ZIP LEESBURG FL 34788	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cecile M. Hemphill SECRETARY: CECILE M. HEMPHILL — APRIL 30, 2000 — 352-357-4728

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E007 (9/99)