2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90386 025 ****61.25

DOCUMENT # N99000000502

1. Entity Name
GOOD SHEPHERD MONTESSORI FOUNDATION, INC.

Principal Place of Business	Mailing Address
904 STARBIRD ST EUSTIS FL 32726	904 STARBIRD ST EUSTIS FL 32726

☐ CHECK HERE IF MAKING CHANGES

2. 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 ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HEMPHILL, CECILE M 303 PALM WAY TAVARES FL 32778	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MCALEEN, GARY R 30812 BRANTLEY BRANCHRD EUSTIS FL 32736	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Lavender, KATHRYN 2420 E. CROOKED LK CL. EUSTIS, FL. 32726	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KNEPPER, HILLARY 422 WASHINGTON AVE EUSTIS FL 32726	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITHSON, MARIA 2430 E. CROOKED LK. CL EUSTIS, FL 32726	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS INGLES, JOHN 4066 DAVENPORT LANE MOUNT DORA FL 32757	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS MILLER, MARYANNE 39007 LK, BURNS RD. UMATILLA, FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KEANE, TARA 34030 SUNSET AVE LEESBURG FL 34788	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROOKS, DAVID 819 E. ROSEWOOD LN. TAVARES, FL 32778	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HEMPHILL, CECILE M 303 PALM WAY TAVARES FL 32778	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 FILED APRIL 28, 2003 352 357 4728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)