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

## DOCUMENT # N9900000502

Entity Name

## GOOD SHEPHERD MONTESSORI FOUNDATION, INC.



FILED
May 01, 2003 8:00 am §
Secretary of State

05-01-2003 90386 025 \*\*\*\*61.25

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Principal Plac	ce of Business		Mailing Add	ress							
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Suite, Apt. #, etc.		Suite, Apt. #, etc.					□ CHECK	HERE IE MA	AKING CHANGE	s	
						CHECK HERE IF MAKING CHANGES					
City & State		City & State				4. FEI Number <b>59-3563130</b> Applied For					
7										Not Applicable	
Zip		Country	Zip		Country		5. Certificate	of Status De	sired [	\$8.75 A	
	6 Nama	and Address of Current	Registered Age	nt l	<del></del>	}	7. Name and	Address of	New Begiet		
	O. INAIIIO	and Address of Carrent	negistered Age		Name		7. Name and	Address of	iven regist	ered Agent	
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303 PALI			خيشهم	المرابع	Street A	Address (F	O. Box Numb	er is <u>N</u> ot Acce	ptable)	راه بوچو-س	• • ~
	S FL 32778						<del></del>	<del></del>			
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		submits this statement fo	or the purpose of	changing its r	egistered office o	r registere	ed agent, or bo	oth, in the Stat	e of Florida.	I am familiar wit	n, and accept
the obliga	tions of registe	red agent.						,			ł
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SIGNATURE		r printed name of registered agent	end title if applicable.	(NOTE:	Registered Agent signa	ture required	when reinstating)			DATE	<del></del>
SIGNATURE:		r printed name of registered agent	and title if applicable.	(NOTE:	Registered Agent signa	ture required	when reinstating)			DATE	
SIĢNATURE:		r printed name of registered agent		<u> </u>					<u> </u>		
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	Signature, typed o			Election Cam	paign Financing			Be S	Make C		
	Signature, typed o		9.	Election Cam	paign Financing		\$5.00 May I Added to Fees	<u></u>	Make C Florida D	heck Payabl	State
	Signature, typed o	FEE IS \$61.25	9. RECTORS	Election Cam	paign Financing ontribution.	A	\$5.00 May I Added to Fees	IANGES TO C	Make (Florida D	Check Payablepartment of	State
10.	FILE NOW:	FEE IS \$61.25  OFFICERS AND DI	9. RECTORS	Election Cam Trust Fund Co	paign Financing ontribution.	DT Lave	\$5.00 May I Added to Fees	IANGES TO C	Make C Florida D	Check Payable partment of ND DIRECTORS	State
10. TITLE NAME STREET ADDRESS	FILE NOW:  DT MCALEEN, 30812 BRA	OFFICERS AND DI GARY R NTLEY BRANCHRD	9. RECTORS	Election Cam Trust Fund Co	paign Financing ontribution.  11.  TITLE  NAME  STREET ADDRESS	DT Lave	\$5.00 May I Added to Fees DDITIONS/CH	HANGES TO C KATHR OOKED	Make C Florida D FFICERS AI YN LK CL	Check Payable partment of ND DIRECTORS	State
10. TITLE NAME	FILE NOW:  DT MCALEEN, 30812 BRA EUSTIS FL	OFFICERS AND DI GARY R NTLEY BRANCHRD 32736	9. RECTORS	Election Cam Trust Fund Co	paign Financing ontribution.  11. TITLE NAME	DT Lave	\$5.00 May I Added to Fees	HANGES TO C KATHR OOKED	Make C Florida D FFICERS AI YN LK CL	Check Payable partment of ND DIRECTORS	iN 10
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	FILE NOW:  DT MCALEEN, 30812 BRA EUSTIS FL D KNEPPER,	OFFICERS AND DI GARY R NTLEY BRANCHRD 32736	9. RECTORS	Election Came Trust Fund Co	paign Financing ontribution.  11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DT Lave 2420 EUST D	\$5.00 May I Added to Fees IDDITIONS/CH LINDER, DECK TIS, FL	IANGESTOC KATHR OOKED . 3272 UARIA	Make C Florida D FFICERS AI YN LK CL.	Check Payable partment of ND DIRECTORS	iN 10
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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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Calean HELD

APRIL 28,2003

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CR2E037 (10/02)