

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002199

Entity Name: MONTESSORI ACADEMY OF EARLY ENRICHMENT, INC.**Current Principal Place of Business:**6300 LAKE WORTH ROAD
GREENACRES, FL 33463**Current Mailing Address:**6300 LAKE WORTH ROAD
GREENACRES, FL 33463 US**FEI Number:** 73-1729769**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**RANCK, MYRA J
1081 SALMON ISLE.
GREENACRES, FL 33413 US*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**Officer/Director Detail :**

Title OFFICER
Name MURPHY, ELLA
Address 1416 CRESTWOOD BLVD
City-State-Zip: LAKE WORTH FL 33460

Title DIRECTOR
Name HOFFMAN, TIFFANIE
Address 13998 FOLKSTONE CIR.
City-State-Zip: WELLINGTON FL 33413

Title PARENT LIAISON
Name LUCY, HERNANDEZ P
Address 3052 FLEMING AVENUE
City-State-Zip: GREENACRES FL 33463

Title OFFICER
Name FUSS, JAMES
Address 6300 LAKE WORTH ROAD
City-State-Zip: GREENACRES FL 33463

Title OFFICER
Name RADD, DONALD R
Address 6300 LAKE WORTH ROAD
City-State-Zip: GREENACRES FL 33463

I hereby 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 all other like empowered.

SIGNATURE: MURPHY, ELLA**BOARD MEMBER****02/24/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date