

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000002199

**FILED**  
**Mar 24, 2013**  
**Secretary of State**  
**CC3308485489**

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

Title O  
Name FORMAN, AMY  
Address 2015 RESTON CIR.  
City-State-Zip: ROYAL PALM BEACH FL 33460

Title O  
Name GONZALEZ, LUIS  
Address 13765 BOTTLEBRUSH CT  
City-State-Zip: WELLINGTON FL 33414

Title O  
Name LOZOYA, BERNARDA C  
Address 5864 S 37TH  
City-State-Zip: GREENACRES FL 33463

Title D  
Name RANCK, MYRA JDR.  
Address 1081 SALMON ISLE  
City-State-Zip: GREENACRES FL 33413

Title OFFICER  
Name PANEK, NIPAPAN  
Address 3044 FLEMING ROAD  
City-State-Zip: GREENACRES FL 33463

Title OFFICER  
Name BARTH, MELISSA  
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: ELLA MURPHY**

**GOVERNING BOARD  
CHAIRMAN**

**03/24/2013**

Electronic Signature of Signing Officer/Director Detail

Date