2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2013
Secretary of State
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Entity Name: FRIENDS OF AXSON MONTESSORI ELEMENTARY INC.

Current Principal Place of Business:

4763 SUTTON PARK COURT
JACKSONVILLE, FL 32224

Current Mailing Address:

4763 SUTTON PARK COURT
JACKSONVILLE, FL 32224

FEI Number: 83-0374970

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LAFRANCE, KATHY
4763 SUTTON PARK COURT
JACKSONVILLE, FL 32224 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	PRESIDENT
Name	LAFRANCE, KATHY
Address	4763 SUTTON PARK COURT
City-State-Zip:	JACKSONVILLE FL 32224

Title	VP
Name	ONDISH, TARA
Address	4763 SUTTON PARK COURT
City-State-Zip:	JACKSONVILLE FL 32224

Title	SECRETARY
Name	BUDD, TARA
Address	4763 SUTTON PARK COURT
City-State-Zip:	JACKSONVILLE FL 32224

Title	OFFICER
Name	SEALS, NIKKI
Address	4763 SUTTON PARK CT.
City-State-Zip:	JACKSONVILLE FL 32224

Title	TREASURER
Name	SHANKLIN, SHANNON
Address	4763 SUTTON PARK COURT
City-State-Zip:	JACKSONVILLE FL 32224

Title	OFFICER
Name	ANELLI, PETE
Address	4763 SUTTON PARK COURT
City-State-Zip:	JACKSONVILLE FL 32224

Title	OFFICER
Name	COOPER, HANNAH
Address	4763 SUTTON PARK COURT
City-State-Zip:	JACKSONVILLE FL 32224

Title	OFFICER
Name	WOODRING, MARY
Address	4763 SUTTON PARK CT.
City-State-Zip:	JACKSONVILLE FL 32224

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: SHANNON SHANKLIN TREASURER 04/17/2013

Electronic Signature of Signing Officer/Director Detail — Date