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FILED

Jan 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # 723201 (0)**

1. Corporation Name

**THE MONTESSORI CHILDREN'S SCHOOL OF KEY WEST, IN
C.**

Principal Place of Business

**1221 VARELA ST.
KEY WEST FL 33040**

Mailing Address

**1221 VARELA ST.
KEY WEST FL 33040-3313**

3. Date Incorporated or Qualified

04/18/1972

3a. Date of Last Report

01/31/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24**25**

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

Country

30

4. FEI Number

59-1395046

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution**\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under s. 199.032,
Florida StatutesYes ☐ No

9. Name and Address of Current Registered Agent

**HENDRICK, JAMES T
317 WHITEHEAD ST
KEY WEST FL 33040**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **SD** ☐ DELETENAME **BROWNING, MICHAEL**
STREET ADDRESS **402 APPLEROUGH LANE**
CITY-ST-ZIP **KEY WEST FL**TITLE **PD** ☒ DELETENAME **HARNEY, ROBIN**
STREET ADDRESS **P.O. BOX 410 NA**
CITY-ST-ZIP **SUGARLOAF KEY FL**TITLE **VD** ☐ DELETENAME **ESTEP, CANDACE**
STREET ADDRESS **3736 DUCK AVE.**
CITY-ST-ZIP **KEY WEST FL**TITLE **TD** ☒ DELETENAME **HETTINGER, WILLIAM**
STREET ADDRESS **634 WILLIAM ST**
CITY-ST-ZIP **KEY WEST FL**TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VD** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **D** ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE **PD** ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE **D** ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-294-6839Daytime Phone # **0024529**

CR2E037 (9/96)