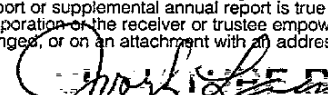


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA 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		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/18/1972	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1395046	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country	29	Country	7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	VD	☒ DELETE			
NAME	BROWNING, MICHAEL				
STREET ADDRESS	402 APPLEROUTH LANE				
CITY-ST-ZIP	KEY WEST FL				
TITLE	D	☒ DELETE			
NAME	BROWNING, CHARLENE GULLE				
STREET ADDRESS	402 APPLERONTH LANE				
CITY-ST-ZIP	KEY WEST FL				
TITLE	PD	☐ DELETE			
NAME	ESTEP, CANDACE				
STREET ADDRESS	3736 DUCK AVE.				
CITY-ST-ZIP	KEY WEST FL				
TITLE	D	☐ DELETE			
NAME	SMITH, LEIGH				
STREET ADDRESS	5901 S. JR. COLLEGE RD.				
CITY-ST-ZIP	KEY WEST FL				
TITLE		☐ DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	VD	☐ Change ☒ Addition			
1.2 NAME	Bill Horn				
1.3 STREET ADDRESS	1307 Petronia St.				
1.4 CITY-ST-ZIP	Key West, FL 33040				
2.1 TITLE	SD	☐ Change ☒ Addition			
2.2 NAME	Lynn Harding				
2.3 STREET ADDRESS	3531 Eagle				
2.4 CITY-ST-ZIP	Key West, FL 33040				
3.1 TITLE		☐ Change ☐ Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	TD	☒ 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 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:  REQUIRED					



CR2E037 (10/97)

305-294-5302