SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 10, 1999 8:00 am
Secretary of State
09-10-1999 90011 033 ****70.00

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DOCUMENT # 723201
Corporation Name

THE MONTESSORI CHILDREN'S SCHOOL OF KEY WEST, INC.

614334 - 90011 - 33

Principal Place of Business	Mailing Address
21 VARELA ST. Y WEST FL 33040	1221 VARELA ST. KEY WEST FL 33040

Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
	26	04/18/1972
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-1395046 ☐ Applied For ☐ Not Applicable
	27	
City & State	City & State	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
	28	
Zip Country	Zip Country	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
25	29 30	

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

. 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.

GNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
E	VD ☐ DELETE	1.1 TITLE	VP ☐ Change ☐ Addition
IE	HORN, BILL	1.2 NAME	Stephanie Griffiths
EET ADDRESS	1307 PETRONIA ST	1.3 STREET ADDRESS	Key Haven Rd
/-ST-ZIP	KEY WEST FL 33040	1.4 CITY-ST-ZIP	Key West FL 33040
E	SD ☐ DELETE	2.1 TITLE	P ☐ Change ☐ Addition
IE	HARDING, LYNN stet	2.2 NAME	Candace Estep
EET ADDRESS	3531 EAGLE	2.3 STREET ADDRESS	2113 Harris Ave
/-ST-ZIP	KEY WEST FL 33040	2.4 CITY-ST-ZIP	Key West, FL 33040
E	PD ☐ DELETE	3.1 TITLE	S ☐ Change ☐ Addition
IE	ESTEP, CANDACE	3.2 NAME	Lynn Harding
EET ADDRESS	3736 DUCK AVE.	3.3 STREET ADDRESS	Eagle Ave
/-ST-ZIP	KEY WEST FL	3.4 CITY-ST-ZIP	Key West, FL 33040
E	TD ☐ DELETE	4.1 TITLE	T ☐ Change ☐ Addition
IE	SMITH, LEIGH stet	4. 2 NAME	Leigh Smith
EET ADDRESS	5901 S. JR. COLLEGE RD.	4.3 STREET ADDRESS	5901 W. Junior College Rd.
/-ST-ZIP	KEY WEST FL	4.4 CITY-ST-ZIP	Key West FL 33040
E	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
IE		5.2 NAME	
EET ADDRESS		5.3 STREET ADDRESS	
/-ST-ZIP		5.4 CITY-ST-ZIP	
E	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
E		6.2 NAME	
EET ADDRESS		6.3 STREET ADDRESS	
/-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (5/99)

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, with all other like empowered.

IGNATURE: X SIGNATURE REQUIRED 9/2/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #