## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 723201**

FILED May 04, 2004 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 1221 VARELA ST. KEY WEST, FL 33040 **Current Mailing Address: New Mailing Address:** 1221 VARELA ST KEY WEST, FL 33040 FEI Number: 59-1395046 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GLENN, HEATHER 1221 VARELA STREET KEY WEST, FL 33040 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete OIDATO, TOM DIDATO, THOMAS Name: Name: 3615 EAGLE ST Address: 3615 EAGLE ST. Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: KEY WEST, FL 33040 Title: VD Title: VD (X) Change ( ) Addition ( ) Delete Name: WOOD, KIM Name: MIRA, ROBERTA Address: 1401 FLAGLER AVE Address: 2928 STAPLES AVE City-St-Zip: KEY WEST, FL 33040 City-St-Zip: KEY WEST, FL 33040 Title: () Delete Title: (X) Change ( ) Addition MIRA, ROBERTA LYONS, MICHAEL Name: Name: 2928 STAPLES AVE 1420 PHISTER ST. Address: Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: KEY WEST, FL 33040 ( ) Change (X) Addition ( ) Delete Title: Title: Name: Name: FISHER, LEE Address: Address: 74 TAMARIND DR. City-St-Zip: City-St-Zip: BIG COPPIT, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: THOMAS DIDATO PD 05/04/2004