2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2008
Secretary of State

DOCUMENT# 723201

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

Current Principal Place of Business:

1221 VARELA ST.
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

1221 VARELA ST.
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 59-1395046 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DUNLAP, JUDITH A
1717 ROSE ST
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

LIVINGSTON, KIM A
30420 PALM DRIVE
BIG PINE KEY, FL 33043 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: KIM A LIVINGSTON 07/08/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MAUN, PENNY
Address: 10 ASTER TERRACE
City-St-Zip: KEY WEST, FL 33040

Title: VD ( ) Delete
Name: HORN, WILLIAM
Address: 151 KEY HAVEN RD
City-St-Zip: KEY WEST, FL 33040

Title: SD ( ) Delete
Name: WILSON, MELANIE
Address: 2907 STAPLES AVE
City-St-Zip: KEY WEST, FL 33040

Title: TD ( ) Delete
Name: SHARKEY, BESS
Address: 62 GOLF CLUB DRIVE
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CONCEPCION, LESLIE
Address: 18 AMARYLLIS DRIVE
City-St-Zip: KEY WEST, FL 33040

Title: VD (X) Change ( ) Addition
Name: COOPER, JAMES
Address: 1309 JOHNSON STREET
City-St-Zip: KEY WEST, FL 33040

Title: SD (X) Change ( ) Addition
Name: ZINTSMASTER, WENDY
Address: 44 CORAL WAY
City-St-Zip: KEY WEST, FL 33040

Title: TD (X) Change ( ) Addition
Name: JOHNSON, LESLIE
Address: 1212 VON PHISTER STREET
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LESLIE CONCEPCION PD 07/08/2008
Electronic Signature of Signing Officer or Director Date