

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723201

FILED
Jun 16, 2009
Secretary of State

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:

LIVINGSTON, KIM A
30420 PALM DRIVE
BIG PINE KEY, FL 33043 US

Name and Address of New Registered Agent:

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:

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

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

Title: SD () Delete
Name: ZINTSMaster, WENDY
Address: 44 CORAL WAY
City-St-Zip: KEY WEST, FL 33040

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COOPER, JIM
Address: 1309 JOHNSON ST.
City-St-Zip: KEY WEST, FL 33040

Title: VD (X) Change () Addition
Name: MCSHERRY, DAVID
Address: 1407 PETRONIA STREET
City-St-Zip: KEY WEST, FL 33040

Title: SD (X) Change () Addition
Name: BELLAND, CHRISTIAN
Address: 1217 PETRONIA STREET
City-St-Zip: KEY WEST, FL 33040

Title: TD (X) Change () Addition
Name: HOLLAND, BOBBI
Address: 1018 17TH TERRACE
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: JIM COOPER

PRES

06/16/2009

Electronic Signature of Signing Officer or Director

Date