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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:44

DOCUMENT # 723344 (8)

1. Corporation Name
MONTESSORI SCHOOL OF TALLAHASSEE, INC.

Principal Place of Business Mailing Address
1212 STONE ROAD TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/02/1972	3a. Date of Last Report 08/29/1994
4. FEI Number 59-1408335	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
COUTRE, KIM
1212 STONE ROAD
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent
81 Name ELAYNE ANIBLE
82 Street Address (P.O. Box Number is Not Acceptable)
2306 BRUN MAHR ROAD
83
84 City TALLAHASSEE FL 85 Zip Code 32303

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ELAYNE ANIBLE ELAYNE ANIBLE 1/20/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	DURRETT, KIMBERLY
STREET ADDRESS	1112 ROSEWOOD DRIVE
CITY - ST - ZIP	TALLAHASSEE FL 32301
TITLE	VD
NAME	MILLER, KIMBERLY
STREET ADDRESS	P.O. BOX 13131 N/A
CITY - ST - ZIP	TALLAHASSEE FL 32317
TITLE	TD
NAME	COUTRE, KIM M
STREET ADDRESS	918 ABBIEGAIL DR.
CITY - ST - ZIP	TALLAHASSEE FL 32303
TITLE	SD
NAME	JACKSON, STEPHINE
STREET ADDRESS	2332 KARA DRIVE
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	D
NAME	BRADLE, TINA
STREET ADDRESS	3288 CONNECTOR DRIVE
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	D
NAME	STRYKER, M LUCY
STREET ADDRESS	819 BARRIE AVE
CITY - ST - ZIP	TALLAHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Durrett Kimberly	
1.3 STREET ADDRESS	7825 MacLean Rd.	
1.4 CITY - ST - ZIP	Tallahassee, FL 32312	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Deborah Gowens	
2.3 STREET ADDRESS	4803 Lately Dr.	
2.4 CITY - ST - ZIP	Tallahassee, FL 32303	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Elayne Anible	
3.3 STREET ADDRESS	2306 Brun mahc	
3.4 CITY - ST - ZIP	Tallahassee, Fl. 32303	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Vicky Bryant	
4.3 STREET ADDRESS	262 Hiamonee Dr.	
4.4 CITY - ST - ZIP	Tallahassee, Fl 32312	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Kendall Brightman	
5.3 STREET ADDRESS	520 Maderia Circle	
5.4 CITY - ST - ZIP	Tallahassee, FL 32312	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Carrie Hess	
6.3 STREET ADDRESS	1400 Sharon Rd.	
6.4 CITY - ST - ZIP	Tallahassee, FL 32303	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ELAYNE ANIBLE ELAYNE ANIBLE 1/24/95 531-0006
Signature and typed or printed name of signing officer or director Date Daytime Phone #