

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION, ANNUAL REPORT 1997



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

FILED
97 MAY 13 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **723344** (8)
1. Corporation Name
MONTESSORI SCHOOL OF TALLAHASSEE, INC.



Principal Place of Business Mailing Address
1212 STONE ROAD TALLAHASSEE FL 32303 **1212 STONE ROAD TALLAHASSEE FL 32303-3626**

3. Date Incorporated or Qualified **05/02/1972** 3a. Date of Last Report **05/01/1996**
4. FEI Number **59-1408335** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
SOCKMAN, RITA
3223 CUMBERLAND
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
600002181766--7
83 City, State, and ZIP Code
-05/16/97--01104--004
*******81.25 *****81.25**
84 City **FL**

11. 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DURRETT, KIMBERLY	
STREET ADDRESS	7025 MACLEAN RD.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCALLISTER, EVAN	
STREET ADDRESS	2636 W. MISSION	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SOCKMAN, RITA	
STREET ADDRESS	3223 CUMBERLAND	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BRIGHTMAN, KENDAL	
STREET ADDRESS	820 MADERIA CIRCLE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANIBLE, ELAYNE	
STREET ADDRESS	2306 BRUN MAHR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HESS, CARRIE	
STREET ADDRESS	1400 SHARON RD.	
CITY-ST-ZIP	TALLAHASSEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Roger T. Sockman - Pres
1.3 STREET ADDRESS	2314 Cumberland Dr.
1.4 CITY-ST-ZIP	Tallahassee FL 32303
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Richard b Shern: Cross
2.3 STREET ADDRESS	2874 Green Forest Ln.
2.4 CITY-ST-ZIP	Tallahassee, FL 32312
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	NICOLE MARTIN
3.3 STREET ADDRESS	4644 Gedenhart Rd.
3.4 CITY-ST-ZIP	Tallahassee FL 32303
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BELINDA DEARING
4.3 STREET ADDRESS	BOARD MEMBER
4.4 CITY-ST-ZIP	4078 SILK BAY CT TALL. FL 32308
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Faye A. Boyce - Bd. member
5.3 STREET ADDRESS	6211 Alamo Dr.
5.4 CITY-ST-ZIP	Tallahassee, FL 32303
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Bobby Coffey
6.3 STREET ADDRESS	board member
6.4 CITY-ST-ZIP	208 Harpers Ferry Dr. Sec/Treas. Tallahassee FL 32308

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE: _____ SIGNATURE REQUIRED _____ 488-4676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # 0007490

CR2E037 (9/96)