2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 736652

1. Entity Name
MONTESSORI INDEPENDENT LEARNING CENTER, INC.

Principal Place of Business	Mailing Address
3807 PARK LANE W PALM BEACH, FL 33406	3807 PARK LANE W PALM BEACH, FL 33406

DO NOT WRITE IN THIS SPACE

01192006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-1686837
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LOBECK, ANNE
321 PONTE VERDE RD
PALM SPRGS, FL 33461

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Anne Lobeck Anne Lobeck Director 1/21/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LOBECK, ANNE
STREET ADDRESS	321 PONTE VEDRA ROAD
CITY-ST-ZIP	PALM SPRINGS FL,
TITLE	TD
NAME	GULBRONSEN, MARY
STREET ADDRESS	5699 DEWBERRY WAY
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	SD
NAME	HOGAN, LOIS
STREET ADDRESS	1311 N FAIRFAX
CITY-ST-ZIP	LOS ANGELES, CA 00000,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/18/06-80034-002 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Anne Lobeck Annelobeck Director 1/21/06 561-968-2642
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #