

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736652

FILED
Jan 17, 2008
Secretary of State

Entity Name: MONTESSORI INDEPENDENT LEARNING CENTER, INC.

Current Principal Place of Business:

3807 PARK LANE
W PALM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

3807 PARK LANE
W PALM BEACH, FL 33406

New Mailing Address:

FEI Number: 59-1686837

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOBECK, ANNE
321 PONTE VERDE RD
PALM SPRGS, FL 33461 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: LOBECK, ANNE,
Address: 321 PONTE VEDRA ROAD
City-St-Zip: PALM SPRINGS FL,

Title: TD () Delete
Name: GULBRONSEN, MARY,
Address: 5699 DEWBERRY WAY
City-St-Zip: WEST PALM BEACH, FL

Title: SD () Delete
Name: HOGAN, LOIS,
Address: 1311 N FAIRFAX
City-St-Zip: LOS ANGELES, CA 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANNE LOBECK

PD

01/17/2008

Electronic Signature of Signing Officer or Director

Date