

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
AND  
FILED**

**95 APR 25 AM 9:20**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # 748104 (7)**

**1. Corporation Name  
P.T.S. MONTESSORI COOP, INC.**

**Principal Place of Business Mailing Address  
11499 VONN ROAD 11499 VONN ROAD  
LARGO FL 34644 LARGO FL 34644**

**DO NOT WRITE IN THIS SPACE**

**3. Date Incorporated or Qualified 07/17/1979 3a. Date of Last Report 02/22/1994  
4. FEI Number 59-2785096 Applied For Not Applicable**

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

**5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangibles tax under S. 189.032, Florida Statutes  Yes  No**

**9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent**

**GOODALE, ELIZABETH ANNE, ESQ.  
14300 INDIAN ROCKS ROAD  
LARGO FL**

**81 Name John Disharoon  
82 Street Address (P.O. Box Number is Not Acceptable) 114 99 Vonn Rd.  
83  
84 City Largo, Fl. FL 85 Zip Code 34644**

**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 John Disharoon John Disharoon Upper school 2/21/95  
Signature of/and or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering.) DATE**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DISHAROON, JOHN 11499 VONN RD. LARGO FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	V/D ALLAN SWIFT 114 99 Vonn Rd Largo FL 34644 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REINHADT, DEBRA A 3125 TIFFANY DR. BELLAIR BEACH FL 34635	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	P/D KOSTAMA, MARIE 13790 87th Place N. Seminole, FL 34466 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOOKER, GINA 10510 VONN RD. SEMINOLE FL 34842	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	V/D LICHT, BRENDA 12405 Harborwood Drive Largo FL 34644 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GODFREY, ERNEST 1077 NINA ST. LARGO FL 34648	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	T/D BEIRL, BEVERLY 10785 Danielle Dr Largo FL 34644 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DER GARABEDIAN, DENISE P.O. BOX 2773 PINELLAS PARK FL 34684	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	S/D ZAKOS, CELINE 14215 Siesta Rd Largo FL 34644 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, SHARON 11499 VONN RD. LARGO FL 34644	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	N/A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

**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)(b), 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: Beverly C. Beirl (Beverly C. Beirl, Treasurer) 1/23/95 813 391-0269  
Signature and typed or printed name of signing officer or director. Date (Type in three 4)**