


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 08:00 AM
Secretary of State

DOCUMENT # 749931 1. Entity Name HALIFAX MONTESSORI SCHOOL, INC.	
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Principal Place of Business 3749 NOVA RD PORT ORANGE, FL 32129 US	Mailing Address 3749 NOVA RD PORT ORANGE, FL 32129 US
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DO NOT WRITE IN THIS SPACE



03032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1948990	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCOTTY, J WAYNE
6074 SABAL HAMMOCK CIRCLE
PORT ORANGE, FL 32128

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IN THIS SPACE**

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

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SCOTTY, J. WAYNE 6074 SABAL HAMMOCK CIRCLE PORT ORANGE, FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTTY, GARRETT L. 4032 CATHERINE AVE. NORWOOD, OH 452127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCOTTY, DIANE E. 6074 SABAL HAMMOCK CIRCLE PORT ORANGE, FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTTY, SHEA E 12044 COBBLEWOOD LANE NORTH JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACKAY, KRISTINE 40 SEA HARBOR DR WEST ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTTY, SARA N 10135 GATE PARKWAY NORTH APT #2016 JACKSONVILLE, FL 32246

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03/20/07-80001-020 70.00

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: J. Wayne Scotty J. Wayne Scotty 3-6-07 386) 788-1088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #