# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 27, 2008 8:00 am**
**Secretary of State**
02-27-2008 90019 022 ****70.00

DOCUMENT # 749931

1. Entity Name
HALIFAX MONTESSORI SCHOOL, INC.

Principal Place of Business
3749 NOVA RD
PORT ORANGE, FL 32129 US

Mailing Address
3749 NOVA RD
PORT ORANGE, FL 32129 US

01122008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip | Country

Zip | Country

4. FEI Number
59-1948990
☐ Applied For
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City | FL | Zip Code

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 _____
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, 2008**

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

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PTD ☐ Delete<br>SCOTTY, J. WAYNE<br>6074 SABAL HAMMOCK CIRCLE<br>PORT ORANGE, FL 32128 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D ☑ Delete<br>SCOTTY, GARRETT L.<br>4032 CATHERINE AVE.<br>NORWOOD, OH 452127 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D ☐ Change ☑ Addition<br>SCOTTY, JOHN G<br>1450 ATLANTIC SHORES BLVD #217<br>HALLENDALE FL 33009 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD ☐ Delete<br>SCOTTY, DIANE E.<br>6074 SABAL HAMMOCK CIRCLE<br>PORT ORANGE, FL 32128 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D ☐ Delete<br>SCOTTY, SHEAE<br>12044 COBBLEWOOD LANE NORTH<br>JACKSONVILLE, FL 32225 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D ☐ Delete<br>MACKAY, KRISTINE<br>40 SEA HARBOR DR WEST<br>ORMOND BEACH, FL 32176 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D ☐ Delete<br>SCOTTY, SARA N<br>10135 GATE PARKWAY NORTH APT #2016<br>JACKSONVILLE, FL 32246 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D ☑ Change ☐ Addition<br>WESTON, SARA S.<br>2001 S. MO PAC EXPY #1625<br>AUSTIN TEXAS 78746 |

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 1-15-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #