

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749931

FILED
Jan 29, 2011
Secretary of State

Entity Name: HALIFAX MONTESSORI SCHOOL, INC.

Current Principal Place of Business:

3749 NOVA RD
PORT ORANGE, FL 32129 US

New Principal Place of Business:

Current Mailing Address:

3749 NOVA RD
PORT ORANGE, FL 32129 US

New Mailing Address:

FEI Number: 59-1948990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTTY, J WAYNE
6074 SABAL HAMMOCK CIRCLE
PORT ORANGE, FL 32128 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: PTD
Name: SCOTTY, J. WAYNE
Address: 6074 SABAL HAMMOCK CIRCLE
City-St-Zip: PORT ORANGE, FL 32128

Title: D
Name: SCOTTY, JOHN G
Address: 4200 HILLCREST DRIVE #1009
City-St-Zip: HOLLYWOOD, FL 33021

Title: STD
Name: SCOTTY, DIANE E.
Address: 6074 SABAL HAMMOCK CIRCLE
City-St-Zip: PORT ORANGE, FL 32128

Title: D
Name: CAFFEY, SHEA
Address: 415 ROLLING ROCK COURT
City-St-Zip: JACKSONVILLE, FL 32225

Title: D
Name: MACKAY, KRISTINE
Address: 40 SEA HARBOR DR WEST
City-St-Zip: ORMOND BEACH, FL 32176

Title: D
Name: WESTON, SARA S
Address: 5805 TRAVIS GREEN LANE
City-St-Zip: AUSTIN, TX 78735

I hereby 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 all other like empowered.

SIGNATURE: J.WAYNE SCOTTY

PTD

01/29/2011

Electronic Signature of Signing Officer or Director

Date