

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 763899 (2)

1. Corporation Name

THE MONTESSORI LEARNING CENTER OF FORT WALTON BEACH, INC.

Principal Place of Business

204 HOSPITAL DRIVE
FT. WALTON BEACH FL 32548

Mailing Address

204 HOSPITAL DRIVE
FT. WALTON BEACH FL 32548



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/24/1982		3a. Date of Last Report 11/29/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2210929		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Zip	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
25	Country	30	Country				

9. Name and Address of Current Registered Agent

SHAW, SHARON F
8011 NEWPORT STREET
NAVARRE FL 32566

10. Name and Address of New Registered Agent

81	Name	Andy Corbin	
82	Street Address (P.O. Box Number is Not Acceptable)	9 Shady Lane	
83			
84	City	Mary Esther,	FL 85 Zip Code 32569

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Andrew J. Corbin

ANDREW J. CORBIN

5-20-96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	1.1 TITLE	P/D
NAME	SHAW, SHARON F	1.2 NAME	Corbin, Andy
STREET ADDRESS	8011 NEWPORT STREET	1.3 STREET ADDRESS	9 Shady Lane
CITY-ST-ZIP	NAVARRE FL 32566	1.4 CITY-ST-ZIP	Mary Esther, FL 32569
TITLE	V/D	2.1 TITLE	V/D
NAME	BRUNER, GAE	2.2 NAME	Gates, Mike
STREET ADDRESS	342 SUDDUTH CIRCLE	2.3 STREET ADDRESS	913 Sunset Bay Court
CITY-ST-ZIP	FT WALTON BEACH FL 32548	2.4 CITY-ST-ZIP	Shalimar, FL 32579
TITLE	T/D	3.1 TITLE	T/D
NAME	MADDEN, ROBERT	3.2 NAME	Edmond R. Shaw
STREET ADDRESS	222 COUNTRY CLUB ROAD	3.3 STREET ADDRESS	1406 Sound Retreat Drive
CITY-ST-ZIP	SHALIMAR FL 32579	3.4 CITY-ST-ZIP	Navarre, FL 32566
TITLE	S/D	4.1 TITLE	S/D
NAME	CORBIN, THERESE	4.2 NAME	Carter, Sheila
STREET ADDRESS	9 SHADY LANE	4.3 STREET ADDRESS	110 DeVille Drive
CITY-ST-ZIP	MARY ESTHER FL 32569	4.4 CITY-ST-ZIP	Mary Esther, FL 32569
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 119.07(3)(k), 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:

Edmond R. Shaw
EDMOND R. SHAW

5/3/96

(904) 244-4307

Date

Daytime Phone #

CR2E037 (12/95)