

FILE NOW: FILING FEE IS \$61.25

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Apr 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **763899** (2)

1. Corporation Name

**THE MONTESSORI LEARNING CENTER OF FORT WALTON BEACH, INC.**

Principal Place of Business

Mailing Address

**204 HOSPITAL DRIVE  
FT. WALTON BEACH FL 32548**

**204 HOSPITAL DRIVE  
FT. WALTON BEACH FL 32548-5067**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/24/1982</b>		3a. Date of Last Report <b>06/06/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-2210929</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**ANDY CORBIN  
9 SHADY LANE  
MARY ESTHER FL 32569**

10. Name and Address of New Registered Agent

81 Name <b>Mike Gates</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>913 Sunset Bay Court</b>
83 City <b>Shalimar</b>
84 State <b>FL</b>
85 Zip Code <b>32579</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.508, 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 617.503, Florida Statutes.

SIGNATURE: Michael Gates **Michael Gates, President** DATE: **4/15/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	1.1 TITLE	P/D
NAME	<b>CORBIN, ANDY</b>	1.2 NAME	<b>Gates, Mike</b>
STREET ADDRESS	<b>9 SHADY LANE</b>	1.3 STREET ADDRESS	<b>913 Sunset Bay Court</b>
CITY - ST - ZIP	<b>MARY ESTHER FL</b>	1.4 CITY - ST - ZIP	<b>Shalimar, FL 32579</b>
TITLE	V/D	2.1 TITLE	V/D
NAME	<b>GATES, MIKE</b>	2.2 NAME	<b>Christopher Paul Saxer</b>
STREET ADDRESS	<b>913 SUNSET BAY COURT</b>	2.3 STREET ADDRESS	<b>347 Sailfish Circle</b>
CITY - ST - ZIP	<b>SHALIMAR FL</b>	2.4 CITY - ST - ZIP	<b>Destin, FL 32541</b>
TITLE	T/D	3.1 TITLE	T/D
NAME	<b>SHAW, EDMOND R.</b>	3.2 NAME	<b>Bernd Boyt</b>
STREET ADDRESS	<b>1408 SOUND RETREAT DRIVE</b>	3.3 STREET ADDRESS	<b>833 Choctaw Lane</b>
CITY - ST - ZIP	<b>NAVARRE FL</b>	3.4 CITY - ST - ZIP	<b>Shalimar, FL 32579</b>
TITLE	S/D	4.1 TITLE	S/D
NAME	<b>CARTER, SHEILA</b>	4.2 NAME	<b>Susan Tringas</b>
STREET ADDRESS	<b>110 DEVILLE DRIVE</b>	4.3 STREET ADDRESS	<b>253 NE Yacht Club Drive</b>
CITY - ST - ZIP	<b>MARY ESTHER FL</b>	4.4 CITY - ST - ZIP	<b>Ft. Walton Beach, FL 32548</b>
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: Michael Gates **Michael Gates** DATE: **4/15/97**

CR2E037 (9/96)