## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

763899

(2)

## FILED Jan 15 1998 8:00am Secretary of State

THE MONTESSORI LEARNING CENTER OF FORT WALTON BE ACH, INC.						
Principal Place of Business Mailing Address						-; I SUBSTALLONGO RIFON FALDA I BILO (BILO SUB) NENEY NINEY BINIL DIBET NINI NINEY TUNI NINEY TUNI ;
204 HOSPITAL DRIVE FT. WALTON BEACH FL 32548 FT. WALTON BEACH FL 32548			2548			3. Date Incorporated or Qualified  06/24/1982 4. FEI Number  Applied For
Principal Place of Business     2a. Mailing Address						59-2210929   Not Applicable
21	26	<b>3</b> · · · · · · · · · · · · · · · · · · ·			5. Certificate of Status Desired \$8.75 Additional Fee Required	
Suite, Apt. #, etc. Suite, Apt. #, etc.						6. Election Campaign Financing \$5.00 May Be
22 27						Trust Fund Contribution Added to Fees
City & State	3	City & State	City & State			7. Is this nonprofit corporation a homeowners association?
23 28 28 Zip Country Zip			Cou	Country		8. This corporation owes or has paid the current year intangible
24	25	29	30			Personal Property Tax due June 30. Yes X No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent
				81	Name	
GATES, MIKE				82	Street Addre	ss (P.Q. Box Number is Not Acceptable)
913 SUNSET BAY COURT						
SHALIMAR FL 32579				83		
			İ	84	City	FL 85 Zip Code
11 Durguest	to the provisions of Scotions 617.0503	and 617 1509 Florida Status	oc the ab	- L	named corne	
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.						
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO)	E: Registered	Agent	signature required	d when reinstating) DATE
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TIT	LE		☐ Change ☐ Addition
NAME	gates, Mike		1.2 NA	1.2 NAME		
STREET ADDRESS	913 SUNSET BAY COURT		1.3 STI	1.3 STREET ADDRESS		
CITY-ST-ZIP	SHALIMAR FL			1.4 CITY-ST-ZIP		Character (Lauren
TITLE	VD	☐ DELETE		2.1 TITLE		Change Addition
NAME	SAXER, CHRISTOPHER PA			2.2 NAME		
STREET ADDRESS	347 SAILFISH CIRCLE			2.3 STREET ADDR		
CITY-ST-ZIP TITLE	DESTIN FL TD	DELETE		2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME	BOYT, BERND			3.2 NAME		
STREET ADDRESS	833 CHOCTAW LANE			3.3 STREET ADDRE		
CITY-ST-ZIP	SHALIMAR FL			3.4. CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4,1 TIT		T)ı	☐ Change ☐ Addition
NAME	TRINGAS, SUSAN		4. 2 NA	ME		
STREET ADDRESS	253 NE YACHT CLUB DRIVE		4.3 STI	REET AD	DRESS	
CITY - ST - ZIP	FT. WALTON BEACH FL		4.4 CIT	Y-ST-	ZIP	
TITLE		DELETE	5.1 TIT			Change Addition
NAME			5.2 NA	ME		
STREET ADDRESS			5.3 ST	REET AD	DRESS	
CITY-ST-ZIP				Y-\$T-2	ZIP	
TITLE		DELETE	6.1 TIT			L_I Change L_! Addition
NAME			6.2 NA	ME		
STREET ADDRESS				REET AD		
CITY-ST-ZIP			6.4 CIT	Y-ST-Z	ZIP	

4. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 truestee 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 attackment of the corporation of th

SIGNATURE:

PE FEOBERND J. BOY

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