

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90066 034 \*\*\*\*70.00

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**DOCUMENT # 763899**

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/24/1982

4. FEI Number

59-2210929

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

GATES, MIKE  
913 SUNSET BAY COURT  
SHALIMAR FL 32579

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME GATES, MIKE  
STREET ADDRESS 913 SUNSET BAY COURT  
CITY-ST-ZIP SHALIMAR FL ☐ DELETE

TITLE VD  
NAME SAXER, CHRISTOPHER PA  
STREET ADDRESS 347 SAILFISH CIRCLE  
CITY-ST-ZIP DESTIN FL ☒ DELETE

TITLE TD  
NAME BOYT, BERND  
STREET ADDRESS 833 CHOCTAW LANE  
CITY-ST-ZIP SHALIMAR FL ☒ DELETE

TITLE SD  
NAME TRINGAS, SUSAN  
STREET ADDRESS 253 NE YACHT CLUB DRIVE  
CITY-ST-ZIP FT. WALTON BEACH FL ☒ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME WESLEY BATTISTE  
2.3 STREET ADDRESS 15 CALLE RIO  
2.4 CITY-ST-ZIP MARY ESTHER, FL 32569

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME TROY A. URQUHART  
3.3 STREET ADDRESS 311 PINE MOSS DRIVE  
3.4 CITY-ST-ZIP FORT WALTON BEACH, FL 32548

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME KATHY HEARN  
4.3 STREET ADDRESS 150 COUNTRY CLUB ROAD  
4.4 CITY-ST-ZIP SHALIMAR, FL 32579

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME SUSAN TRINGAS  
5.3 STREET ADDRESS 253 NE YACHT CLUB DRIVE  
5.4 CITY-ST-ZIP FORT WALTON BEACH, FL 32548

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME VALERIE TAYLOR  
6.3 STREET ADDRESS 61 LAKE LORRAINE CIRCLE  
6.4 CITY-ST-ZIP SHALIMAR, FL 32579

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T. URQUHART

JAN 14, 1999

Date

850-862-5183

Daytime Phone #

CR2E037 (1/98)