## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#763899**

FILED Jan 24, 2005 Secretary of State

Entity Name: THE MONTESSORI LEARNING CENTER OF FORT WALTON BEACH, INC.

Current Principal Place of Business: New Principal Place of Business:

204 HOSPITAL DRIVE

FT. WALTON BEACH, FL 32548

Current Mailing Address: New Mailing Address:

204 HOSPITAL DRIVE

FT. WALTON BEACH, FL 32548

FEI Number: 59-2210929 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHIRLEY, JULIE WEIGHTMAN, DANA 201 DOLPHIN ESTATES COURT 310 UNION STREET

DESTIN, FL 32541 US FORT WALTON BEACH, FL 32547 US

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: DANA L WEIGHTMAN 01/24/2005

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 BLANCHARD, ROBERT
 Name:
 BISORDI, SABRINA

 Address:
 901 BEACHVIEW DR
 Address:
 168 CHASE RUN

 City-St-Zip:
 FT WALTON BEACH, FL 32547
 City-St-Zip:
 DESTIN, FL 32550

Title: VPD ( ) Delete Title: VPD (X) Change ( ) Addition Name: BISORDI, SABRINA Name: BETHEA, TRACEY

Address: 168 CHASE RUN Address: 602 MOONEY ROAD

City-St-Zip: DESTIN, FL 32250 City-St-Zip: FORT WALTON BEACH, FL 32547

Title: TD () Delete Title: TD (X) Change () Addition Name: SHIRLEY, JULIE Name: WEIGHTMAN, DANA

 Address:
 201 DOLPHIN ESTATES COURT
 Address:
 310 UNION STREET

 City-St-Zip:
 DESTIN, FL 32541
 City-St-Zip:
 FORT WALTON BEACH, FL 32547

Title: SD ( ) Delete Title: SD (X) Change ( ) Addition

Name: DANA, WEIGHTMAN Name: BALENT, ANGELA
Address: 310 UNION STREET Address: 28 COUNTRY CLUB ROAD
City-St-Zip: FORT WALTON BEACH, FL 32547 City-St-Zip: SHALIMAR, FL 32579

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 DRAKE, PATTI
 Name:

 Address:
 246 SHARON COURT
 Address:

 City-St-Zip:
 MARY ESTHER, FL 32569
 City-St-Zip:

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 RIGBY, EMILY
 Name:

 Address:
 44 BERWICK CIRCLE
 Address:

 City-St-Zip:
 SHALIMAR, FL 32579
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DANA L WEIGHTMAN TD 01/24/2005