

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763899

FILED
Jan 20, 2009
Secretary of State

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

Current Principal Place of Business:

204 HOSPITAL DRIVE
FT. WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

204 HOSPITAL DRIVE
FT. WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 59-2210929

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEGG, JENNIFER
82 LAURIE DRIVE
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RIGBY, EMILY
Address: 289 BRIARWOOD CIRCLE
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: VPD () Delete
Name: BETHEA, TRACEY
Address: 307 VAUGHAN
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: TD () Delete
Name: LEGG, JENNIFER
Address: 82 LAURIE DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: SD () Delete
Name: BALENT, ANGELA
Address: 28 COUNTRY CLUB ROAD
City-St-Zip: SHALIMAR, FL 32579

Title: D () Delete
Name: MCCLENDON, VANESSA
Address: 206 FOURTH ST #C6
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D () Delete
Name: SOLLEY, COURTNEY
Address: 81 LAURIE DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEGG, JENNIFER
Address: 82 LAURIE DRIVE
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: VPD (X) Change () Addition
Name: WESLEY, TARA
Address: 316 BROOKS ST SE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: TD (X) Change () Addition
Name: COUCH, MICHELLE
Address: 311 PRIMROSE PLACE
City-St-Zip: DESTIN, FL 32541

Title: SD (X) Change () Addition
Name: HORD, CHRISTIE
Address: 8 HAMPTON CT.
City-St-Zip: MARY ESTHER, FL 32569

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JENNIFER LEGG

PD

01/20/2009

Electronic Signature of Signing Officer or Director

Date