2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2011
Secretary of State

DOCUMENT# 763899

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 ( )**

Name and Address of Current Registered Agent:

IZER, STACEY
322 IVA PLACE SW
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
Name: LEATHERMAN, SARAH
Address: 1019 COUNTRYSIDE COURT
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: VPD
Name: MASON, ANGELA
Address: 747 VINTAGE CIRCLE
City-St-Zip: DESTIN, FL 32541 US

Title: TD
Name: CLANCY, SHERI
Address: 132 MONAHAN DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: SD
Name: WESLEY, TARA
Address: 316 BROOKS ST
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: D
Name: RAMSWELL, PREBBLE
Address: 70 SIESTA BLUFF
City-St-Zip: DESTIN, FL 32541 US

Title: D
Name: GLOVER, JAMIE
Address: 23 LAKE LORRAINE CIRCLE
City-St-Zip: SHALIMAR, FL 32579 US

I hereby 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 all other like empowered.

SIGNATURE: STACEY IZER RA 01/18/2011

Electronic Signature of Signing Officer or Director — Date