## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#763899** 

Mar 11, 2012 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:

IZER, STACEY 322 IVA PLACE SW FORT WALTON BEACH, FL 32548 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:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

LEATHERMAN, SARAH Name: Address: 1019 COUNTRYSIDE COURT

City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title:

Name: MUSCATO, JENNIFER Address: 429 EMERALD POINTE DRIVE City-St-Zip: MARY ESTHER,, FL 32569 US

Title: TD

CLANCY, SHERI Name: Address: 132 MONAHAN DRIVE

City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: SD

Name: WESLEY, TARA 316 BROOKS ST Address:

City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title:

MCINTYRE, CAROLYN Name: 14 LEWIS DRIVE Address:

HURLBURT FIELD, FL 32544 US City-St-Zip:

Title:

GLOVER, JAMIE Name:

Address: 23 LAKE LORRAINE CIRCLE SHALIMAR, FL 32579 US City-St-Zip:

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 03/11/2012