

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 768425 (1)
1. Corporation Name
MONTESSORI N.E.S.T. & CHILDREN'S HOUSE, INC.



Principal Place of Business
**500 S. CLAYTON ST.
MT. DORA FL 32757**

Mailing Address
**500 S. CLAYTON ST.
MT. DORA FL 32757**

3. Date Incorporated or Qualified
05/13/1983

3a. Date of Last Report
01/20/1995

4. FEI Number
59-2302237

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
25 Suite, Apt. #, etc.
26 City & State
27 Zip
28 Country

9. Name and Address of Current Registered Agent

**GOLUB, MICHAEL
28136 SHIRLEY SHORES RD.
TAVARES FL 32778**

10. Name and Address of New Registered Agent

81 Name **Michael A. Croak**

82 Street Address (P.O. Box Number is Not Acceptable)
14229 U.S. Highway 441

83

84 City **Tavares** FL 85 Zip Code **32778**

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

(NOTE: Registered Agent signature required when reinstating)

5/28/1996
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HADDEN, MERRY L	
STREET ADDRESS	608 D S. 9TH ST.	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GOLUB, RACHEL A.J.H.	
STREET ADDRESS	28136 SHIRLEY SHORES DR.	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GOLUB, MICHAEL	
STREET ADDRESS	28136 SHIRLEY SHORES DR.	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HEIM, BRENDA	
STREET ADDRESS	891 CEDAR CIRCLE	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Keene, Peggy
2.3 STREET ADDRESS	427 S.9th Street
2.4 CITY-ST-ZIP	Leesburg, Fl. 34748
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Dansberger, Dorothy
3.3 STREET ADDRESS	P.O. Box 26
3.4 CITY-ST-ZIP	DeLeon Springs, Fl. 32130
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D Stokes, Sandy
4.3 STREET ADDRESS	1035 W. Dixie Ave.
4.4 CITY-ST-ZIP	Leesburg, Fl. 34748
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Glass, Harry
5.3 STREET ADDRESS	901 S. Bay Street
5.4 CITY-ST-ZIP	Eustis, Fl. 32726
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/96 *352-735-2324*
Date Daytime Phone #

CR2E037 (12/95)