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FILED

Feb 05 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # 768425 (1)  
1. Corporation Name

MONTESSORI N.E.S.T. &amp; 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 32757-60053. Date Incorporated or Qualified  
05/13/19833a. Date of Last Report  
06/03/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip Country

29

30

4. FEI Number

59-2302237

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CROAK, MICHAEL A  
14229 U.S. HIGHWAY 441  
TAVARES FL 32778

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETENAME HADDEN, MERRY L  
STREET ADDRESS 608 D S. 9TH ST.  
CITY-ST-ZIP LEESBURG FL 34748TITLE VD ☐ DELETENAME KEENE, PEGGY  
STREET ADDRESS 427 S. 9TH STREET  
CITY-ST-ZIP LEESBURG FLTITLE STD ☐ DELETENAME DANSBERGER, DOROTHY  
STREET ADDRESS P.O. BOX 26  
CITY-ST-ZIP DELEON SPRINGS FL (Mailing Address)TITLE D ☐ DELETENAME STOKES, SANDY  
STREET ADDRESS 1035 W. DIXIE AVE.  
CITY-ST-ZIP LEESBURG FLTITLE D ☐ DELETENAME GLASS, HARRY  
STREET ADDRESS 901 S. BAY STREET  
CITY-ST-ZIP EUSTIS FLTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition1.2 NAME HADDEN, MERRY L.  
1.3 STREET ADDRESS 7140 SUNNY SIDE DR.  
1.4 CITY-ST-ZIP LEESBURG, FL. 347482.1 TITLE ☐ Change ☐ Addition2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP3.1 TITLE ☒ Change ☐ Addition3.2 NAME DANSBERGER, DOROTHY  
3.3 STREET ADDRESS 284 DESOTO  
3.4 CITY-ST-ZIP DELEON SPRINGS, FL. 321304.1 TITLE ☐ Change ☐ Addition4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Merry L. Hadden, President 1-7-97 352-735-2324  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0014307

CR2E037 (9/96)