## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 19, 2006 8:00 am Secretary of State 04-19-2006 90091 005 \*\*\*\*61.25

DOCUMENT # F0000001629  1. Entity Name SEMINOLE MONTESSORI SCHOOL, INC.						90091 005 *****	51.25	
Principal Place of Business Mailing Address 1240 BANANA RIVER DRIVE P.O. BOX 360267 INDIAN HARBOUR BEACH, FL 32937 MELBOURNE, FL 32930			6-0267		· · · · · ·			
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$\rho$		3. Mailing Address PO BOX 376	PO BUX 372478					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		g-NP	CR2E037 (11/05)		
		City & State	City & State TELLITE BEACH, FL		n	———	pplied For	
Zip	Country	Zip .	Country	58-150814 5. Certificate of Sta		□ \$8.75 Ad		
•	6. Name and Address of Current	32937 - 0478   Registered Agent		7. Name and Addi		Fee Require	ed	
THOMAS	14.		Name					
THOMAS, CYNTHIA D 1240 BANANA RIVER DRIVE INDIAN HARBOUR BEACH, FL 32937			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
INDIAN H	ARBOUR BEACH, FL 32937						<del></del> -	
Vis.			City			FL Zip Coo	de	
8. The above	named entity submits this statement for tions of registered agent.	r the purpose of changing its r	registered office or regi	istered agent, or both, in t	he State of Fl	·	, and accept	
line obliga	nons of registered agent.							
SIGNATURE	Signature, typed or printed name of registered agent a	and the description (NOTE	. Design	·		<del> </del>	···	
			: Registered Agent signature req	quired when reinstating)		DATE		
	Filling Fee is \$61.25 Due by May 1, 2006	9. Election Cam Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees		Make check payable trida Department of S		
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIF	9. Election Cam Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Flo	flake check payable t	State	
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STURNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/06

321-779-0031

Daytime Phone #