


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90031 047 \*\*\*\*61.25

<b>DOCUMENT # F00000001629</b> 1. Entity Name SEMINOLE MONTESSORI SCHOOL, INC.	
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Principal Place of Business 1240 BANANA RIVER DRIVE INDIAN HARBOUR BEACH, FL 32937 US	Mailing Address P.O. BOX 372478 SATELLITE BEACH, FL 32937-0478 US
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**DO NOT WRITE IN THIS SPACE**



02252008 No Chg-NP CR2E037 (4/06)

4. FEI Number 58-1508140	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  THOMAS, CYNTHIA D 1240 BANANA RIVER DRIVE INDIAN HARBOUR BEACH, FL 32937
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**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CPD THOMAS, CYNTHIA D 3219 SOUTH ATLANTIC AVE #401 COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD THOMAS, ALBERT M 3219 SOUTH ATLANTIC AVE #401 COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS THOMAS, LESLIE A 3219 SOUTH ATLANTIC AVE #401 COCOA BEACH, FL 32931
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_