

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001629

FILED  
Apr 01, 2011  
Secretary of State

**Entity Name:** SEMINOLE MONTESSORI SCHOOL, INC.

**Current Principal Place of Business:**

1240 BANANA RIVER DRIVE  
INDIAN HARBOUR BEACH, FL 32937 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 372478  
SATELLITE BEACH, FL 329370478 US

**New Mailing Address:**

**FEI Number:** 58-1508140

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THOMAS, CYNTHIA D  
1240 BANANA RIVER DRIVE  
INDIAN HARBOUR BEACH, FL 32937 US

**Name and Address of New Registered Agent:**

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:**

**Title:** CPD  
**Name:** THOMAS, CYNTHIA D  
**Address:** 3219 SOUTH ATLANTIC AVE #401  
**City-St-Zip:** COCOA BEACH, FL 32931

**Title:** VTD  
**Name:** THOMAS, ALBERT M  
**Address:** 3219 SOUTH ATLANTIC AVE #401  
**City-St-Zip:** COCOA BEACH, FL 32931

**Title:** DS  
**Name:** THOMAS, LESLIE A  
**Address:** 3219 SOUTH ATLANTIC AVE #401  
**City-St-Zip:** COCOA BEACH, FL 32931

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:** CYNTHIA D. THOMAS

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04/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date