

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000527

FILED  
Jul 01, 2005  
Secretary of State

**Entity Name:** THE MONTESSORI FOUNDATION, INC.

**Current Principal Place of Business:**

1001 BERN CREEK LOOP  
SARASOTA, FL 34240

**New Principal Place of Business:**

**Current Mailing Address:**

1001 BERN CREEK LOOP  
SARASOTA, FL 34240

**New Mailing Address:**

**FEI Number:** 52-1798231      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

GIERMAINE, JOYCE ST. ESQ  
1001 BERN CREEK LOOP  
SARASOTA, FL 34240 US

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: P ( ) Delete  
Name: SELDIN, TIMOTHY D  
Address: 1001 BERN CREEK LOOP  
City-St-Zip: SARASOTA, FL 34240

Title: VP ( ) Delete  
Name: ST. GIERMAINE, JOYCE  
Address: 1001 BERN CREEK LOOP  
City-St-Zip: SARASOTA, FL 34240

Title: VP ( ) Delete  
Name: BLEECKER, LORIN H  
Address: 6463 WISHBONE TERRACE  
City-St-Zip: CABIN JOHN, MD 20818

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOYCE ST. GIERMAINE

VP

07/01/2005

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

\_\_\_\_\_  
Date