

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2004 8:00 am**  
**Secretary of State**

02-05-2004 90008 021 \*\*\*\*61.25

<b>DOCUMENT # N00000001447</b> 1. Entity Name <b>FRIENDS OF MONTESSORI, INC.</b>					
Principal Place of Business <b>509 E. PENNSYLVANIA AVENUE DELAND, FL 32724</b>			Mailing Address <b>509 E. PENNSYLVANIA AVENUE DELAND, FL 32724</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3630362</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SCOFIELD, JULIE ADAMS 509 E PENNSYLVANIA AVE DELAND, FL 32724</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>2/3/04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MD SCOFIELD, JULIE ADAMS 536 W PENNSYLVANIA AVE DELAND, FL 32724</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Becky Oliphant</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1479 E. Minnesota Ave. DeLand, FL 32724</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DV BLUM, TONI 39 ROSEDOWN BLVD. DEBARY, FL 32713</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Patti Rausch</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>2701 Whitehurst Rd. DeLand, FL 32720</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D TAYLOR, KAREN 1413 MERCERS FERNERY RD DELAND, FL 32720</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Petera Monroe</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>711 Pine Tree Terrace DeLand, FL 32724</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP KING, CAMILLE 1109 E UNIVERSITY AVE DELAND, FL 32724</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Peter Begalla</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>820 Orange wood Ave. DeLand, FL 32724</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DT OLIPHANT, GARY 1479 E MINNESOTA AVE DELAND, FL 32724</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DS MILLER, SCOTT 610 MARILEA COURT ORANGE CITY, FL 32763</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I 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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>2/3/04</b> Daytime Phone # <b>386/736-3432</b>	