

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90159 044 ****61.25

DOCUMENT # N00000001447

1. Entity Name
FRIENDS OF MONTESSORI, INC.



Principal Place of Business
**509 E. PENNSYLVANIA AVENUE
DELAND, FL 32724**

Mailing Address
**509 E. PENNSYLVANIA AVENUE
DELAND, FL 32724**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01202005

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3630362

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SCOFIELD, JULIE ADAMS~~
~~509 E PENNSYLVANIA AVE~~
~~DELAND, FL 32724~~

Name
Oliphant, Becky
Street Address (P.O. Box Number is Not Acceptable)
1479 E. Minnesota Ave

City **DeLand** **FL** Zip Code **32724**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **MD** ☒ Delete
NAME **SCOFIELD, JULIE ADAMS**
STREET ADDRESS **536 W PENNSYLVANIA AVE**
CITY-ST-ZIP **DELAND, FL 32724**

TITLE **DV** ☒ Delete
NAME **BLUM, TONI**
STREET ADDRESS **39 ROSEDOWN BLVD.**
CITY-ST-ZIP **DEBARY, FL 32713**

TITLE **D** ☐ Delete
NAME **OLIPHANT, BECKY**
STREET ADDRESS **1479 E. MINNESOTA AVE.**
CITY-ST-ZIP **DELAND, FL 32724**

TITLE **DP** ☐ Delete
NAME **KING, CAMILLE**
STREET ADDRESS **1109 E UNIVERSITY AVE**
CITY-ST-ZIP **DELAND, FL 32724**

TITLE **D** ☐ Delete
NAME **RAUSCH, PATTI**
STREET ADDRESS **2781 WHITEHURST RD.**
CITY-ST-ZIP **DELAND, FL 32720**

TITLE **DS** ☒ Delete
NAME **MILLER, SCOTT**
STREET ADDRESS **610 MARILEA COURT**
CITY-ST-ZIP **ORANGE CITY, FL 32763**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Jeanne Stalzer DV** ☐ Change ☒ Addition
NAME
STREET ADDRESS **710 W. May St.**
CITY-ST-ZIP **DeLand, FL 32720**

TITLE **Immediate Past President / D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** ☒ Change ☐ Addition
NAME **Rausch, Patti**
STREET ADDRESS **2781 Whitehurst Rd**
CITY-ST-ZIP **DeLand, FL 32720**

TITLE **D** ☐ Change ☒ Addition
NAME **Michele Engelken**
STREET ADDRESS **2612 Winnemissett Oaks Drive**
CITY-ST-ZIP **DeLand, FL 32724**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-05

Date

386-748-6805

Daytime Phone #