2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# N00000001447

Entity Name: FRIENDS OF MONTESSORI, INC.

Current Principal Place of Business:

509 E. PENNSYLVANIA AVENUE
DELAND, FL 32724

New Principal Place of Business:

Current Mailing Address:

509 E. PENNSYLVANIA AVENUE
DELAND, FL 32724

New Mailing Address:

FEI Number: 59-3630362 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLIPHANT, BECKY
1479 S. MINNESOTA AVE
DELAND, FL 32724 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: DV ( ) Delete
Name: STALZER, JEANNE
Address: 710 W. MAG ST
City-St-Zip: DELAND, FL 32720

Title: IPPD ( ) Delete
Name: OLIPHANT, BECKY
Address: 1479 E. MINNESOTA AVE.
City-St-Zip: DELAND, FL 32724

Title: DP ( ) Delete
Name: KING, CAMILLE
Address: 1109 E UNIVERSITY AVE
City-St-Zip: DELAND, FL 32724

Title: DS ( ) Delete
Name: RAUSCH, PATTI
Address: 2781 WHITEHURST RD.
City-St-Zip: DELAND, FL 32720

Title: D ( ) Delete
Name: ENGELKEN, MICHELE
Address: 2612 WINNEMISSETT OAKS DR
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change ( ) Addition
Name: HAGAN, JAMES A
Address: 401 SOUTH LAKE VICTORIA CIRCLE
City-St-Zip: DELAND, FL 32724

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

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 Chapter 119, 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: J. ANDREW HAGAN DT 04/26/2006

Electronic Signature of Signing Officer or Director — Date