


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2007 8:00 am**  
**Secretary of State**

05-10-2007 90020 022 \*\*\*\*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 - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>59-3630362</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>OLIPHANT, BECKY 1479 S. MINNESOTA AVE DELAND, FL 32724</b>				<b>7. Name and Address of New Registered Agent</b> Name <b>Camille T. King</b> Street Address (P.O. Box Number is Not Acceptable) <b>1109 East University Ave</b> City <b>DeLand</b> FL Zip Code <b>32724</b>	
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 <u>Camille T. King</u> DATE <u>May 1, 2007</u> <small>Signature typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by September 14, 2007</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>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HAGAN, JAMES A 401 SOUTH LAKE VICTORIA CIRCLE DELAND, FL 32724	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED LIST
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IPPD OLIPHANT, BECKY 1479 E. MINNESOTA AVE. DELAND, FL 32724	<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	DP KING, CAMILLE 1109 E UNIVERSITY AVE DELAND, FL 32724	<input 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	DS RAUSCH, PATTI 2781 WHITEHURST RD. DELAND, FL 32720	<input 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	D ENGELKEN, MICHELE 2612 WINNEMISSETT OAKS DR DELAND, FL 32724	<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	<input type="checkbox"/> Delete	<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 exemptions contained 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 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: <u>Camille T. King</u> DATE <u>May 1, 2007</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

# ATTACHMENT

Friends of Montessori, Inc.

EIN: 59-3630362

List of Officers, Directors (continued)

40109924  
#N00000001447

DVP

Mike Orfinger  
27 Iroquois Trail  
Ormond Beach, FL

D

Kim Martin  
47 Shadow Creek Way  
Ormond Beach, FL 32174

D

Stephen A. "Andy" Cooper  
814 Oak Tree Terrace  
DeLand, FL 32724

D

Vicki Duckett  
2101 Yorkshire Drive  
DeLand, FL 32724

D

Eileen Simoneau  
565 South Pine Meadow Dr.  
DeLBary, FL 32713

D

Denise Metts  
1976 Stratford Dr.  
DeLand, FL 32720

D

Teresa Monroe  
711 Pine Tree Terrace  
DeLand, FL 32724

D

Russell Stam  
207 East Second Ave  
Pierson, FL 32180

D

Laura-Grace Orfinger  
27 Iroquois Trail  
Ormond Beach, FL 32174

D

Francis Clearman Director  
271 Park Avenue  
Orange City, FL 32763

D

Karen Taylor  
P.O. Box 519  
DeLeon Springs, FL 32130

D

Karen Vogel  
1040 W. Village Green Rd.  
DeLand, FL 32720