2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
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 (X)**

Name and Address of Current Registered Agent:

CLEARMAN, FRANCES
271 PARK AVE
ORANGE CITY, FL 32763 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:	DT	( ) Delete
Name:	LONG, MARK	
Address:	518 W. HOWRY AVE	
City-St-Zip:	DELAND, FL 32720	
Title:	DVP	( ) Delete
Name:	SCHULTHEIS, ALICIA	
Address:	336 CROOKED TREE TRAIL	
City-St-Zip:	DELAND, FL 32724	
Title:	DP	( ) Delete
Name:	MONROE, TERESA	
Address:	711 PINE TREE TERRACE	
City-St-Zip:	DELAND, FL 32724	
Title:	DS	( ) Delete
Name:	CLEARMAN, FRANCES	
Address:	271 PARK AVE	
City-St-Zip:	ORANGE CITY, FL 32763	
Title:	D	( ) Delete
Name:	MARTIN, KIM	
Address:	47 SHADOW CREEK WAY	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	D	( ) Delete
Name:	STAM, RUSSELL	
Address:	207 EAST SECOND AVE	
City-St-Zip:	PIERSON, FL 32180	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	DUCKETT, VICKI	
Address:	2101 YORKSHIRE DRIVE	
City-St-Zip:	DELAND, FL 32724	
Title:	DP	(X) Change ( ) Addition
Name:	CLEARMAN, FRANCES	
Address:	271 PARK AVE	
City-St-Zip:	ORANGE CITY, FL 32763	
Title:	DS	(X) Change ( ) Addition
Name:	MORGAN, MICHELLE	
Address:	320 WALNUT AVE	
City-St-Zip:	ORANGE CITY, FL 32763	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify 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: FRANCES CLEARMAN DP 04/30/2009

Electronic Signature of Signing Officer or Director — Date