

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003523

FILED  
Mar 31, 2009  
Secretary of State

Entity Name: MONTESSORI COMMUNITY SCHOOL, INC.

**Current Principal Place of Business:**

8411 CIVIC RD  
TAMPA, FL 33615

**New Principal Place of Business:**

**Current Mailing Address:**

8411 CIVIC RD  
TAMPA, FL 33615

**New Mailing Address:**

FEI Number: 59-3622950

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOWMAN, JOHN J JR  
8411 CIVIC RD  
TAMPA, FL 33615 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: DP ( ) Delete  
Name: BOWMAN, NANCY L  
Address: 2505 W PALM DR  
City-St-Zip: TAMPA, FL 33629

Title: DS ( ) Delete  
Name: WRIGHT, ANNA M  
Address: 9042 LAKE PLACE LANE  
City-St-Zip: TAMPA, FL 33634

Title: DV ( ) Delete  
Name: BOWMAN, JOHN J JR  
Address: 2505 W PALM DR  
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete  
Name: WINKLER, RICHARD  
Address: 4200 W. NORTH A STREET  
City-St-Zip: TAMPA, FL 33609

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: JOHN J. BOWMAN, JR.

VP

03/31/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date