

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90051 004 \*\*\*\*61.25

**DOCUMENT # N01000001390 -**

1. Entity Name

MONTESSORI CHILDREN'S SCHOOL OF LAKE PLACID,  
INC.



Principal Place of Business

9 LAKEVIEW AVENUE  
LAKE PLACID FL 33852

Mailing Address

9 LAKEVIEW AVENUE  
LAKE PLACID FL 33852

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**65-1084861**

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

MCCLURE, JOHN K  
230 SOUTH COMMERCE AVENUE  
SEBRING FL 33870

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **FRITZIUS, TY S**  
STREET ADDRESS **127 ORANGE RD NE**  
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE ☐ Change ☒ Addition  
NAME **Brittany Payne Phypers**  
STREET ADDRESS **Lake Clay Dr.**  
CITY-ST-ZIP **Lake Placid, FL 33852**

TITLE **D** ☐ Delete  
NAME **FRIZIUS, SHANNON S**  
STREET ADDRESS **127 ORANGE RD NE**  
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE ☐ Change ☒ Addition  
NAME **Tom Creel**  
STREET ADDRESS **19 Lakeview Ave.**  
CITY-ST-ZIP **Lake Placid, FL 33852**

TITLE **D** ☐ Delete  
NAME **GODFREY, WILLIAM**  
STREET ADDRESS **2825 COW HOUSE ROAD**  
CITY-ST-ZIP **LORIDA FL 33857**

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

TITLE **P** ☐ Delete  
NAME **VARADY, JOHN**  
STREET ADDRESS **22 NOTRE DAME ST**  
CITY-ST-ZIP **LAKE PLACID FL 33852**

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

TITLE **VP** ☐ Delete  
NAME **DYE, NANCY**  
STREET ADDRESS **446 LAKE MIRROR DR.**  
CITY-ST-ZIP **LAKE PLACID FL 33852**

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

TITLE **ST** ☒ Delete  
NAME **PAYNE, JENNIFER**  
STREET ADDRESS **338 NW LAKEVIEW DR.**  
CITY-ST-ZIP **SEBRING FL 33870**

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

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

Date

Daytime Phone #

1/28/04

863-699-1164