

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90036 001 ****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



40005600



1st MOORE CR2E037 (10/04)

4. FEI Number 65-1084861				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCLURE, JOHN K 230 SOUTH COMMERCE AVENUE SEBRING FL 33870				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRITZIUS, TY S		NAME		
STREET ADDRESS	127 ORANGE RD NE		STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL 33852		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIZIUS, SHANNON S		NAME	1704 Washington Blvd. N.W.	
STREET ADDRESS	127 ORANGE RD NE		STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL 33852		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODFREY, WILLIAM		NAME		
STREET ADDRESS	2825 COW HOUSE ROAD		STREET ADDRESS		
CITY-ST-ZIP	LORIDA FL 33857		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VARADY, JOHN		NAME	Phypers, Brittany	
STREET ADDRESS	22 NOTRE DAME ST		STREET ADDRESS	Lake Clay Dr.	
CITY-ST-ZIP	LAKE PLACID FL 33852		CITY-ST-ZIP	Lake Placid, FL 33852	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DYE, NANCY		NAME	Whitney, Mindy	
STREET ADDRESS	446 LAKE MIRROR DR.		STREET ADDRESS	741 Lake June Rd.	
CITY-ST-ZIP	LAKE PLACID FL 33852		CITY-ST-ZIP	Lake Placid, FL 33852	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHYPPERS, BRITTANY		NAME	Payne Jennifer	
STREET ADDRESS	LAKE CLAY DR.		STREET ADDRESS	338 NW Lakeview Dr.	
CITY-ST-ZIP	LAKE PLACID FL 33852		CITY-ST-ZIP	Sebring, FL 33870	

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: *Shannon Frizius* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **1/26/05** **8636991164**