2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006
Secretary of State

DOCUMENT# N01000001390

Entity Name: MONTESSORI CHILDREN'S SCHOOL OF LAKE PLACID, INC.

Current Principal Place of Business:

9 LAKEVIEW AVENUE
LAKE PLACID, FL 33852

New Principal Place of Business:

9 LAKEVIEW ST.
LAKE PLACID, FL 33852

Current Mailing Address:

9 LAKEVIEW AVENUE
LAKE PLACID, FL 33852

New Mailing Address:

9 LAKEVIEW ST.
LAKE PLACID, FL 33852

FEI Number: 65-1084861 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCLURE, JOHN K
230 SOUTH COMMERCE AVENUE
SEBRING, FL 33870 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:	D	( ) Delete
Name:	FRIZIUS, SHANNON S	
Address:	1764 WASHINGTON BLVD NW	
City-St-Zip:	LAKE PLACID, FL 33852	
Title:	D	( ) Delete
Name:	GODFREY, WILLIAM	
Address:	2825 COW HOUSE ROAD	
City-St-Zip:	LORIDA, FL 33857	
Title:	P	( ) Delete
Name:	PHYPERS, BRITTANY	
Address:	LAKE CLAY DR	
City-St-Zip:	LAKE PLACID, FL 33852	
Title:	VP	( ) Delete
Name:	WHITNEY, MINDY	
Address:	741 LAKE JUNE RD	
City-St-Zip:	LAKE PLACID, FL 33852	
Title:	S	( ) Delete
Name:	PAYNE, JENNIFER	
Address:	338 NW LAKEVIEW DR	
City-St-Zip:	SEBRING, FL 33870	

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:	VP	(X) Change ( ) Addition
Name:	HATHAWAY, HILARY	
Address:	747 CR 621 EAST	
City-St-Zip:	LAKE PLACID, FL 33852	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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: SHANNON FRITZIUS D 02/03/2006
Electronic Signature of Signing Officer or Director — Date