

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001390

FILED
Mar 05, 2007
Secretary of State

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

Current Principal Place of Business:

9 LAKEVIEW ST.
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

9 LAKEVIEW ST.
LAKE PLACID, FL 33852

New Mailing Address:

FEI Number: 65-1084861

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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: HATHAWAY, HILARY
Address: 747 CR 621 EAST
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: D (X) Change () Addition
Name: FRITZIUS, SHANNON R
Address: 1764 WASHINGTON BLVD NW
City-St-Zip: LAKE PLACID, FL 33852

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 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

03/05/2007

Electronic Signature of Signing Officer or Director

Date