2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008422

FILED Jun 2<u>2, 2</u>009 Secretary of State

Entity Name: LAKE MARY MONTESSORI ACADEMY, INC.

Current Principal Place of Business: New Principal Place of Business:

3551 W LAKE MARY BLVD STE 205 LAKE MARY, FL 32746

Current Mailing Address: New Mailing Address:

1100 CLINGING VINE PLACE WINTER SPRINGS, FL 32708

FEI Number: 03-0391610 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

LINVILLE, SCOTT 1100 CLINGING VINE PL WINTER SPRINGS, FL 32708 US

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DVST () Delete (X) Change () Addition Name:

LINVILLE, SCOTT LINVILLE, SCOTT Name: Address: 1100 CLINGING VINE PL STE 205 Address: 3551 W. LAKE MARY BLVD STE 205

City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: LAKE MARY, FL 32746

Title: () Delete Title: (X) Change () Addition

Name: LINVILLE, SHEILA Name: LINVILLE, SHEILA

Address: 1100 CLINGING VINE PL STE 205 Address: 3551 W. LAKE MARY BLVD STE 205

City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: LAKE MARY, FL 32746

Title: () Delete Title: () Change () Addition

ELLIOTT, ROBERT Name: Name: Address: 155 SEMINOLE DR Address: City-St-Zip: DEBARY, FL 32713 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: SCOTT A. LINVILLE V.P 06/22/2009