

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005055

FILED
Apr 29, 2008
Secretary of State

Entity Name: COUNTRYSIDE MONTESSORI CHARTER SCHOOL, INC.

Current Principal Place of Business:

5852 EHREN CUT-OFF
LAND O'LAKES, FL 34639

New Principal Place of Business:

Current Mailing Address:

5852 EHREN CUT-OFF
LAND O'LAKES, FL 34639

New Mailing Address:

FEI Number: 61-1418600

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PULLARO, NICK
17864 N U.S. HIGHWAY 41
LUTZ, FL 33548 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: FERRARO, MICHELLE
Address: 5332 NUTCRACKER CIRCLE
City-St-Zip: LAND O'LAKES, FL 34639

Title: D () Delete
Name: STOKES, TREVOR DR.
Address: P. O BOX 743
City-St-Zip: LAND O' LAKES, FL 34639

Title: D () Delete
Name: STEPANEK, SANDY
Address: 3049 LAKE SAXON DRIVE
City-St-Zip: LAND O' LAKES, FL 34639

Title: D () Delete
Name: GOIRAN, BARBARA
Address: 5852 EHREN CUT-OFF
City-St-Zip: LAND O LAKES, FL 34639

Title: D () Delete
Name: MANN, SCOTT
Address: 3402 RUSSETT PLACE
City-St-Zip: LAND O LAKES, FL 34638

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: () 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 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: MARY LYONS RIVERS

DO

04/29/2008

Electronic Signature of Signing Officer or Director

Date