2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005713

FILED May 04, 2004 Secretary of State

Entity Name: MONTESSORI FAMILY PRIVATE SCHOOL OF SOUTH FLORIDA, INC.

Current P	rincipal Place	of Business:	New Principal Pl	New Principal Place of Business:	
	ERLING LAKE ERS, FL 3391				
Current Mailing Address:			New Mailing Add	New Mailing Address:	
	ERLING LAKE ERS, FL 3391				
FEI Number:	: 06-1641275	FEI Number Applied For()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and	d Address of C	Current Registered Agent:	Name and Addre	ss of New Registered Agent:	
17580 STE FORT MYI The above	OP, JUDY L ERLING LAKE ERS, FL 3391 named entity of Florida.	2 US	urpose of changing its regis	tered office or registered agent, or both,	
SIGNATUF	RE:				
	Electror	nic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	WYNEKOOP, 3 17580 STERLII) Delete JUDY NG LAKE DRIVE FL 339127225	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	FINAN, JIM 17580 STERLII) Delete NG LAKE DRIVE FL 339127225	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CALLOW, DEB 17580 STERLII) Delete II NG LAKE DRIVE FL 339127225	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CALLOW, WM 17580 STERLII) Delete . JERRY NG LAKE DRIVE FL 339127225	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	GILMORE, FRA	GATE BLVD. #514	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JUDY L WYNEKOOP PD 05/04/2004