2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006
Secretary of State

DOCUMENT# N02000005713

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

Current Principal Place of Business:

13411 SHIRE LANE
ROOM #7
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

17310 WILLIAMSBURG DRIVE
NORTH FORT MYERS, FL 33917

New Mailing Address:

FEI Number: 06-1641275 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WYNEKOOP, JUDY L
17580 STERLING LAKE DRIVE
FORT MYERS, FL 33912 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:	VD	( ) Delete
Name:	WYNEKOOP, JUDY	
Address:	17580 STERLING LAKE DRIVE	
City-St-Zip:	FORT MYERS, FL 339127225	
Title:	SD	( ) Delete
Name:	MEHRBERG, DEBRA	
Address:	1666 MCGREGOR RESERVE DRIVE	
City-St-Zip:	FORT MYERS, FL 33901	
Title:	TD	( ) Delete
Name:	CALLOW, DEBRA	
Address:	17310 WILLIAMSBURG DRIVE	
City-St-Zip:	NORTH FORT MYERS, FL 33917	
Title:	PD	( ) Delete
Name:	CALLOW, WM. JERRY	
Address:	17310 WILLIAMSBURG DRIVE	
City-St-Zip:	NORTH FORT MYERS, FL 33917	
Title:	D	( ) Delete
Name:	GILMORE, FRAN	
Address:	1091 7TH WAY	
City-St-Zip:	NORTH FORT MYERS, FL 33903	

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 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: DEBRA D CALLOW TD 04/14/2006

Electronic Signature of Signing Officer or Director — Date