

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90341 047 ****61.25

DOCUMENT # N02000006696

1. Entity Name

BREVARD MONTESSORI PRIVATE SCHOOL, INC.



Principal Place of Business

**944 PINETREE DR.
INDIAN HARBOR BEACH, FL 32937 US**

Mailing Address

**944 PINETREE DR.
INDIAN HARBOR BEACH, FL 32937**

20048754



04102005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3522407

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCDONALD, SANDY
944 PINETREE DR.
INDIAN HARBOR BEACH, FL 32937**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CURRAN, JOHN
STREET ADDRESS	440 BAY POINT DRIVE
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	VP
NAME	MAYERHOEFFER, NICOLAS
STREET ADDRESS	363 ALBACORE PLACE
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
TITLE	T
NAME	FERRARA, TERESA
STREET ADDRESS	392 PEREGRINE DRIVE
CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	S
NAME	SILVERMAN, MICHELLE
STREET ADDRESS	4655 LAKE WASHINGTON RD.
CITY-ST-ZIP	MELBOURNE, FL 32934
TITLE	D
NAME	ALVAREZ, ROSARY
STREET ADDRESS	720 S. ROBIN WAY
CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Teresa W Ferrara **TERESA W FERRARA** 4/13/05 321-773-5437

ATTACHMENT

20048254

N62 0555566696

Brevard Montessori School
2004 – 2005 Board of Directors

John Curran

President

440 Bay Point Drive
Melbourne, FL 32935

~~Nicolas Mayerhoeffer~~

~~Vice-President~~

~~363 Albacore Place~~ *Moved*
~~Melbourne Beach, FL 32951~~

Teresa Ferrara

Treasurer

392 Peregrine Drive
Indialantic, FL 32903

Michelle Silverman

Secretary

4655 Lake Washington Rd.
Melbourne, FL 32934

Yvonne Bywater

Director at Large

909 S. Ramona Ave
Indialantic, FL 32937