2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

03-17-2008 90021 004 ****61.25
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
66015635

07092008 Chg-NP CR2E037 (12/06)

DOCUMENT # N02000006696

1. Entity Name
BREVARD MONTESSORI PRIVATE SCHOOL, INC.

Principal Place of Business	Mailing Address
1130 SOUTH PATRICK DR. SATELLITE BEACH, FL 32937 US	1130 SOUTH PATRICK DR. SATELLITE BEACH, FL 32937 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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
1130 SOUTH PATRICK DR.
SATELLITE BEACH, FL 32937

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JOHNSON, KERRY 412 LANTERNBACK ISLAND DR. SATELLITE BEACH, FL 32937	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Joel Wilson 450 Coach Rd Satellite Beach, FL 32937	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VICTORIA, MCKUNE P.O. BOX 33155 INDIALANTIC, FL 32903	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President Tara Forcier 450 Coach Rd Satellite Beach, F 32937	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DYER, TERESA P.O. BOX 33373 INDIALANTIC, FL 32903	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Jackie Nace 169 Glenwood Ave Satellite Beach, Fl 32937	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HODGE, MICHAEL 517 SHERIDAN AVE SATELLITE BEACH, FL 32937	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Maggie Martin 1239 Etruscan Way Indian Harbour Bch, Fl 32937	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHERIE, COOK #3 INDIAN HARBOUR CT. INDIAN HARBOUR BEACH, FL 32937	☒ Delete	TITLE P / NAME / STREET ADDRESS / CITY-ST-ZIP	Tami McInerney 544 Majorca Ct Satellite Bch, Fla 32937	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	Suzette Foster Estancia Way Melbourne, Fl 32934	☐ Change ☒ Addition

More on back →

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: S. McDonald 7/23/08 321-773-5437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Sandy McDonald

ATTACHMENT

66015635

#N02000006696

Director At Large
→ Holly Martin
920 Maple Ridge Rd
Merrit Island, Fl
32952

☒ addition

Director at Large
→ Eric Daleiden
285 Wilson Ave
Satellite Beach, Fl
32937

☒ addition

Director At Large
→ Karen Ainbinder
8187 Andover Way
Melbourne, Fl
32940

☒ addition