

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006696

FILED
Mar 25, 2009
Secretary of State

Entity Name: BREVARD MONTESSORI PRIVATE SCHOOL, INC.

Current Principal Place of Business:

1130 SOUTH PATRICK DR.
SATELLITE BEACH, FL 32937 US

New Principal Place of Business:

Current Mailing Address:

1130 SOUTH PATRICK DR.
SATELLITE BEACH, FL 32937 US

New Mailing Address:

FEI Number: 59-3522407

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDONALD, SANDY
1130 SOUTH PATRICK DR.
SATELLITE BEACH, FL 32937 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: P () Delete
Name: WILSON, JOEL
Address: 450 COACH RD.
City-St-Zip: SATELLITE BEACH, FL 32937

Title: VP () Delete
Name: FORCIER, TARA
Address: 450 COACH RD.
City-St-Zip: SATELLITE BEACH, FL 32937

Title: T () Delete
Name: NACE, JACKIE
Address: 169 GLENWOOD AVE.
City-St-Zip: SATELLITE BEACH, FL 32937

Title: S () Delete
Name: MARTIN, MAGGIEL
Address: 1239 ETRUSCAN WAY
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: DAL () Delete
Name: MCINERNEY, TAMI
Address: 544 MAJORCA CT
City-St-Zip: SATELLITE BEACH, FL 32937

Title: DAL () Delete
Name: FOSTER, SUZETTE
Address: ESTANCIA WAY
City-St-Zip: MELBOURNE, FL 32934

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:

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: JOEL WILSON

P

03/25/2009

Electronic Signature of Signing Officer or Director

Date