


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90008 032 ****61.25

DOCUMENT # N02000008598					
1. Entity Name THE MONTESSORI CHILDREN'S HOUSE OF HYDE PARK SCHOLARSHIP FUND, INC.					
Principal Place of Business 201 SOUTH ARMENIA AVENUE TAMPA, FL 33606			Mailing Address 201 SOUTH ARMENIA AVENUE TAMPA, FL 33606		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 42-1561376	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COOK, WILLIAM J ESQ BARKER, RODEMS & COOK, P.A. 300 WEST PLATT STREET STE 150 TAMPA, FL 33606			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing <input type="checkbox"/>		\$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 D NAME FERNANDEZ, ROBERTA K STREET ADDRESS 12211 TWIN BRANCH ACRES ROAD CITY-ST-ZIP TAMPA, FL 33626	<input checked="" type="checkbox"/> Delete		TITLE Director NAME Dale Guenther STREET ADDRESS 4523 W. Brookwood Dr. CITY-ST-ZIP Tampa, FL 33629	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME WONG, NILI STREET ADDRESS 1014 ROYAL PASS ROAD CITY-ST-ZIP TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete		TITLE Director NAME Tammy Schimmel STREET ADDRESS 830 S. Boulevard CITY-ST-ZIP Tampa, FL 33604	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME COOK, WILLIAM STREET ADDRESS 4021 CORONA STREET CITY-ST-ZIP TAMPA, FL 33629	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/12/04 (813) 288-1691 <small>Date Daytime Phone #</small>		