


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90029 006 \*\*\*\*70.00

<b>DOCUMENT # N02000008598</b>					
<b>1. Entity Name</b> THE MONTESSORI CHILDREN'S HOUSE OF HYDE PARK SCHOLARSHIP FUND, INC.					
<b>Principal Place of Business</b> 2416 WEST CLEVELAND AVENUE TAMPA, FL 33609			<b>Mailing Address</b> 2416 WEST CLEVELAND AVENUE TAMPA, FL 33609		
<b>2. Principal Place of Business - No P.O. Box #</b> 2416 W CLEVELAND ST		<b>3. Mailing Address</b> 2416 W CLEVELAND STREET			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> TAMPA, FLORIDA		<b>City &amp; State</b> TAMPA, FLORIDA		<b>4. FEI Number</b> 42-1561376	
<b>Zip</b> 33609-3324		<b>Country</b> USA		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  COOK, WILLIAM J ESQ BARKER, RODEMS & COOK, P.A. 400 NORTH ASHLEY DRIVE, SUITE 2100 TAMPA, FL 33602			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> D	<b>NAME</b> BIGLETE, ARNELL J		<b>TITLE</b> CHAIRMAN of The BOARD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 1001 EAST PALM AVENUE	<b>CITY-ST-ZIP</b> TAMPA, FL 33605		<b>NAME</b> ARNELL J P BIGLETE	<b>STREET ADDRESS</b> 105 KEY HAVEN CT	
<b>CITY-ST-ZIP</b> TAMPA, FL 33605	<input type="checkbox"/> Delete		<b>CITY-ST-ZIP</b> TAMPA, FL 33606	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D	<b>NAME</b> SBAR, KARYN		<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 4321 W. BAY BLVD	<b>CITY-ST-ZIP</b> TAMPA, FL 33629		<b>NAME</b> 	<b>STREET ADDRESS</b> 	
<b>CITY-ST-ZIP</b> TAMPA, FL 33629	<input type="checkbox"/> Delete		<b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D	<b>NAME</b> CAVO, CYNTHIA		<b>TITLE</b> DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 3719 N. 17TH STREET	<b>CITY-ST-ZIP</b> TAMPA, FL 33610		<b>NAME</b> JOEL FERNANDEZ	<b>STREET ADDRESS</b> 509 S ARMENIA AVE, SUITE 200	
<b>CITY-ST-ZIP</b> TAMPA, FL 33610	<input checked="" type="checkbox"/> Delete		<b>CITY-ST-ZIP</b> TAMPA, FL 33609	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D	<b>NAME</b> WHITING, DANA		<b>TITLE</b> VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 3302 S. SAN MIGUEL STREET	<b>CITY-ST-ZIP</b> TAMPA, FL 33629		<b>NAME</b> DANA WHITING	<b>STREET ADDRESS</b> 3302 SAN MIGUEL ST	
<b>CITY-ST-ZIP</b> TAMPA, FL 33629	<input type="checkbox"/> Delete		<b>CITY-ST-ZIP</b> TAMPA, FL 33629	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D	<b>NAME</b> GARRETT, TATE		<b>TITLE</b> SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 210 S. HESPERIDES ST	<b>CITY-ST-ZIP</b> TAMPA, FL 33609		<b>NAME</b> TATE GARRETT	<b>STREET ADDRESS</b> 210 S. HESPERIDES ST	
<b>CITY-ST-ZIP</b> TAMPA, FL 33609	<input type="checkbox"/> Delete		<b>CITY-ST-ZIP</b> TAMPA, FL 33609	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>NAME</b> VINCENT DELLA ROCCA	<b>STREET ADDRESS</b> 2870 BAYSHORE TRAILS DR	
<b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>CITY-ST-ZIP</b> TAMPA, FL 33611	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
SIGNATURE: <u>ARNELL J. P. BIGLETE</u> CHAIRMAN of The BOARD 13 MAR 2008 (813)482-7319					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					