

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008598

FILED
Apr 30, 2009
Secretary of State

Entity Name: THE MONTESSORI CHILDREN'S HOUSE OF HYDE PARK SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

2416 W. CLEVELAND ST
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

2416 W. CLEVELAND ST
TAMPA, FL 33609

New Mailing Address:

FEI Number: 42-1561376

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOK, WILLIAM J ESQ
BARKER, RODEMS & COOK, P.A.
400 NORTH ASHLEY DRIVE, SUITE 2100
TAMPA, FL 33602 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: D () Delete
Name: BIGLETE, ARNELL
Address: 105 KEY HAVEN CT
City-St-Zip: TAMPA, FL 33606 US

Title: D () Delete
Name: SBAR, KARYN
Address: 4321 W. BAY BLVD
City-St-Zip: TAMPA, FL 33629 US

Title: D () Delete
Name: FERNANDEZ, JOEL
Address: 509 S ARMENIA AVE. STE. 200
City-St-Zip: TAMPA, FL 33609 US

Title: VP () Delete
Name: WHITING, DANA
Address: 3302 SAN MIGUEL ST
City-St-Zip: TAMPA, FL 33629 US

Title: S3 () Delete
Name: GARRETT, TATE
Address: 210 S. HESPERIDES ST
City-St-Zip: TAMPA, FL 33609

Title: T () Delete
Name: ROCCA, VINCENT
Address: 2870 BAYSHORE TRAILS DR
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KELLEY, ELIZABETH V ESQ
Address: 777 HARBOUR ISLAND BLVD., SUITE 250
City-St-Zip: TAMPA, FL 33602 US

Title: D (X) Change () Addition
Name: APONTE, LEYLA
Address: 205 S. TRASK STREET
City-St-Zip: TAMPA, FL 33609 US

Title: D (X) Change () Addition
Name: WHITING, DANA
Address: 3302 SAN MIGUEL ST
City-St-Zip: TAMPA, FL 33629 US

Title: D (X) Change () Addition
Name: EVANS, SARAH
Address: 3302 W. MULLEN AVENUE
City-St-Zip: TAMPA, FL 33609

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: ARNELL J.P. BIGLETE

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date