2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006
Secretary of State

DOCUMENT# N03000007509

Entity Name: SAFETY HARBOR MONTESSORI ACADEMY FAMILY-TEACHER ASSOCIATION, INC.

Current Principal Place of Business:

2669 MCMULLEN BOOTH RD.
CLEARWATER, FL 33761

New Principal Place of Business:

Current Mailing Address:

2669 MCMULLEN BOOTH RD.
CLEARWATER, FL 33761

New Mailing Address:

FEI Number: 56-2397773 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURKE, ROBERT C
28059 U.S. HWY. 19 N.
STE. 100
CLEARWATER, FL 33761 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: PD ( ) Delete
Name: THATCH, JOHN
Address: 2669 MCMULLEN BOOTH RD.
City-St-Zip: CLEARWATER, FL 33761

Title: VD ( ) Delete
Name: LEROUX, JOHN M
Address: 2669 MCMULLEN BOOTH RD.
City-St-Zip: CLEARWATER, FL 33761

Title: STD ( ) Delete
Name: GARBACZ, LAURA
Address: 2669 MCMULLEN BOOTH RD.
City-St-Zip: CLEARWATER, FL 33761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BROCK, LESLIE
Address: 2669 MCMULLEN BOOTH RD.
City-St-Zip: CLEARWATER, FL 33761

Title: TR (X) Change ( ) Addition
Name: BROWN, JAMIE W
Address: 2669 MCMULLEN BOOTH RD.
City-St-Zip: CLEARWATER, FL 33761

Title: STD (X) Change ( ) Addition
Name: BAUM, JANET
Address: 2669 MCMULLEN BOOTH RD.
City-St-Zip: CLEARWATER, FL 33761

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMIE W BROWN TR 03/02/2006

Electronic Signature of Signing Officer or Director — Date