

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009296

FILED
Mar 24, 2009
Secretary of State

Entity Name: SOUTH WALTON MONTESSORI ACADEMY, INC.

Current Principal Place of Business:

185 KINGSTON RD.
ROSEMARY BCH, FL 32461

New Principal Place of Business:

101 EDEN GARDEN RD
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

P.O.BOX 611014
ROSEMARY BCH, FL 32461

New Mailing Address:

101 EDEN GARDEN RD
SANTA ROSA BEACH, FL 32459

FEI Number: 20-0357959

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FRANKLIN H. WATSON, P.A.
5365 E CO HWY 30-A STE 105
SEAGROVE BCH, FL 32459 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: TRS () Delete
Name: LAPLANTE, JON
Address: 31 WINDWARD LN
City-St-Zip: ROSEMARY BCH, FL 32461

Title: TR () Delete
Name: JOODI, RHONDA
Address: 10 TRAE LANE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: TRP () Delete
Name: BRADLEY, STEVEN
Address: 177 ROSEMARY AVE
City-St-Zip: ROSEMARY BCH, FL 32461

Title: TR () Delete
Name: BEALL, CATHERINE
Address: 12228 LYDELLE PLANTATION DR
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: TR () Delete
Name: SELLECK, JULIE
Address: 201 WIGGLE LANE
City-St-Zip: ROSEMARY BEACH, FL 32461

Title: TRP () Delete
Name: DILLON, MIRIAM
Address: 80 AMELIA LN
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TRP (X) Change () Addition
Name: CASAS, LEO
Address: PO BOX 4818
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: TR (X) Change () Addition
Name: BEALL, CATHERINE
Address: 103 TWILIGHT BAY DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32408

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: CATHERINE D. BEALL

TR

03/24/2009

Electronic Signature of Signing Officer or Director

Date