

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002787

FILED  
Jul 05, 2006  
Secretary of State

**Entity Name:** FLAGLER MONTESSORI PRESCHOOL, INC.

**Current Principal Place of Business:**

211 TRINITY PLACE  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

211 TRINITY PLACE  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

FEI Number: 20-2639493      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

NADOLNA, JANET  
1901 NORTH FLAGLER DRIVE  
WEST PALM BEACH, FL 33407      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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DIR ( ) Change (X) Addition  
Name: NADOLNA, JANET  
Address: 5421 HOBART AVE  
City-St-Zip: WEST PALM BAECH, FL 33405

Title: TREA ( ) Change (X) Addition  
Name: WATSON, CHRISTINE  
Address: 1428 S. LAKESIDE 28  
City-St-Zip: LAKE WORTH, FL 33460

Title: SEC ( ) Change (X) Addition  
Name: DE LABRY, COLETTE  
Address: 8818 SE RIVERFRONT  
City-St-Zip: TEQUESTA, FL 33460

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: JANET NADOLNA

DIR

07/05/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date