## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000003088

Apr 13, 2009 Secretary of State

Entity Name: FRIENDS OF AXSON MONTESSORI ELEMENTARY INC.

**Current Principal Place of Business: New Principal Place of Business:** 4763 SUTTON PARK COURT JACKSONVILLE, FL 32224 **Current Mailing Address: New Mailing Address:** 4763 SUTTON PARK COURT JACKSONVILLE, FL 32224 FEI Number: 83-0374970 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WOLF, ALEXANDRA 4763 SUTTON PARK COURT JACKSONVILLE, FL 32224 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete WOODRING, MARY LUKENS-BULL, RON Name: Name: 4763 SUTTON PARK COURT Address: 4763 SUTTON PARK COURT Address: City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: JACKSONVILLE, FL 32224 Title: ( ) Delete Title: (X) Change ( ) Addition PERSOFF, IRMA Name: Name: ANCELIN, MELISSA Address: 4763 SUTTON PARK COURT Address: 4763 SUTTON PARK COURT City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: JACKSONVILLE, FL 32224 Title: () Delete Title: () Change () Addition BLAIN, JAMES Name: Name: 4763 SUTTON PARK COURT Address: Address: City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition Name: COOPER, HANNAH Name: DUARTE, ANA 4763 SUTTON PARK COURT 4763 SUTTON PARK COURT Address: Address: City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: JACKSONVILLE, FL 32224 Title: () Delete Title: () Change () Addition OTHMER, MICHELLE Name: Name: 4763 SUTTON PARK COURT Address: Address: City-St-Zip: JACKSONVILLE, FL 32224 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: MARY WOODRING V 04/13/2009