

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000000928

FILED
Apr 19, 2012
Secretary of State

Entity Name: CHILDREN'S HOUSE ACADEMIC MONTESSORI PROGRAM INC.

Current Principal Place of Business:

55 N. WASHINGTON STREET
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

55 N. WASHINGTON STREET
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 90-0449628

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

K. REID, CPA, INC.
3890 TURTLE CREEK DRIVE, STE B
PORT ORANGE, FL 32127 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: P
Name: BAKER, MARK
Address: 327 GROOVER CREEK CROSSING
City-St-Zip: ORMOND BEACH, FL 32174

Title: V
Name: MINENNA, ANDY
Address: 14 CLYDESDALE DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: T
Name: DUNN, FRAN
Address: 935 WILLOW RUN
City-St-Zip: ORMOND BEACH, FL 32174

I hereby 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 all other like empowered.

SIGNATURE: FRAN DUNN

T

04/19/2012

Electronic Signature of Signing Officer or Director

Date