

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # N10083

1. Entity Name
**SOUTH FLORIDA MONTESSORI EDUCATION CENTER,
INC.**



Principal Place of Business
**606 SO. PALM WAY
LAKE WORTH, FL 33460**

Mailing Address
**713 EAST ATLANTIC BLVD
POMPANO BEACH, FL 33060-6345**



02212006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2553586

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DELILLA, VICTORIA
606 S. PALM WAY
L
LAKE WORTH, FL**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000519606
05/02/06-80059-015 70.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DT
THOMAS, DELILLA
315 ROOSEVELT AVE
FREEPORT, NY 11520**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DPS
DE LILLA, VICTORIA
606 S PALMWAY
LAKE WORTH, FL 33460**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
WINANS, DAVID R III
606 S PALMWAY
LAKE WORTH, FL 33460**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/06 5614933093