2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N10083

Entity Name: SOUTH FLORIDA MONTESSORI EDUCATION CENTER, INC.

Current Principal Place of Business:

606 SO. PALM WAY
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

606 S PALMWAY
LAKE WORTH, FL 33460

New Mailing Address:

606 SO. PALM WAY
LAKE WORTH, FL 33460

FEI Number: 59-2553586 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DELILLA, VICTORIA A PRES
606 S. PALM WAY
LAKE WORTH, FL 33460 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:	DT	( ) Delete
Name:	THOMAS, DELILLA	
Address:	315 ROOSEVELT AVE	
City-St-Zip:	FREEPORT, NY 11520	
Title:	DPS	( ) Delete
Name:	DE LILLA, VICTORIA	
Address:	606 S PALMWAY	
City-St-Zip:	LAKE WORTH, FL 33460	
Title:	D	( ) Delete
Name:	WINANS, DAVID R III	
Address:	606 S PALMWAY	
City-St-Zip:	LAKE WORTH, FL 33460	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	DT	(X) Change ( ) Addition
Name:	WINANS, KATHY F DT	
Address:	26 GRAND STREET	
City-St-Zip:	STONINGTON, CT 06378	
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: VICTORIA.A. DELILLA PRES 04/14/2009

Electronic Signature of Signing Officer or Director — Date