

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000008866

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** MONTESSORI LIVE EDUCATOR TRAINING PROGRAM, INC.

**Current Principal Place of Business:**

2001 PINEBROOK ROAD  
VENICE, FL 34292

**New Principal Place of Business:**

**Current Mailing Address:**

2001 PINEBROOK ROAD  
VENICE, FL 34292

**New Mailing Address:**

**FEI Number:** 45-3362464

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ELDER, KIMBERLY P  
2001 PINEBROOK ROAD  
VENICE, FL 34292 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: MUNTZ, KINDRA  
Address: 5869 VENISOTA ROAD  
City-St-Zip: VENICE, FL 34293

Title: T  
Name: BRIGHT, HENRY  
Address: 2370 BAYSHORE ROAD  
City-St-Zip: NOKOMIS, FL 34275

Title: VP  
Name: STORMER, NANCY  
Address: 745 CYPRESS AVENUE  
City-St-Zip: VENICE, FL 34285

Title: S  
Name: COYNE, MARCELLA  
Address: 1245 SCHOONER LANE  
City-St-Zip: VENICE, FL 34285

Title: M  
Name: MORRISON, BEVERLY  
Address: 4480 VIA DEL VILLETTI DRIVE  
City-St-Zip: VENICE, FL 34293

Title: M  
Name: FELDMAN, SANDER  
Address: 1380 LANDINGS POINT  
City-St-Zip: SARASOTA, FL 34231

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: KIMBERLY ELDER

D

01/05/2012

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

\_\_\_\_\_  
Date