2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

10 SEP 24 PM 4:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N94000004799

1. Entity Name
MONTESSORI ORGANIZATION OF DADE, INC.

Principal Place of Business	Mailing Address
8640 SW 112 ST MIAMI, FL 33156	8640 SW 112 ST MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0527302

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KIMREY, ROD
11456 SW 86 LANE
MIAMI, FL 33173

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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: Rod Kimrey (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when changing) DATE: 10-7-10

Filing Fee is $61.25
Due by September 24, 2010

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	WINHOLD, ELEANOR
STREET ADDRESS	17555 S DIXIE HWY
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	T
NAME	KIMREY, ROD
STREET ADDRESS	11456 SW 86 LANE
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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10/12/10--01059--001 **61.25

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*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: Rod Kimrey WWW.KMS112@AH.NET 305-238-9375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — e-mail address (opt.) — Daytime Phone #

System problem filing + downloading voucher on 4/30/10 - N/Pro late fee due.
KB