


FILED

Aug 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N96000002710 (9) 1. Corporation Name <p style="font-size: 1.2em; margin-top: 10px;">GOLDEN TRIANGLE MONTESSORI SCHOOL, INC.</p>		
Principal Place of Business		Mailing Address
31150 INDUSTRY DRIVE TAVARES FL 32778		31150 INDUSTRY DRIVE TAVARES FL 32778-9509
2. Principal Place of Business		2a. Mailing Address
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.
22 City & State		27 City & State
23 Zip Country		28 Zip Country
24 25		29 30
9. Name and Address of Current Registered Agent		
DUFFEY, DENISE L 3055 LAKESHORE DRIVE MOUNT DORA FL 32757		81 Name 82 Street Address 83 84 City
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.		
SIGNATURE Denise L. Duffey Denise L. Duffey <small>Signature, typed or printed name of registered agent acceptable if applicable. (NOTE: Registered Agent signature required.)</small>		
12. OFFICERS AND DIRECTORS		
TITLE	President (D) (P) <input type="checkbox"/> DELETE	1.1 TITLE
NAME	Denise L. Duffey	1.2 NAME
STREET ADDRESS	3015 Lakeshore Dr.	1.3 STREET ADDRESS
CITY-ST-ZIP	Mount Dora, FL 32757	1.4 CITY-ST-ZIP
TITLE	V-P, Treasurer (D) <input type="checkbox"/> DELETE	2.1 TITLE
NAME	Thomas M. Duffey	2.2 NAME
STREET ADDRESS	3015 Lakeshore Dr.	2.3 STREET ADDRESS
CITY-ST-ZIP	Mount Dora, FL 32757	2.4 CITY-ST-ZIP
TITLE	Secretary (D) <input type="checkbox"/> DELETE	3.1 TITLE
NAME	Diane Windham (D)	3.2 NAME
STREET ADDRESS	4204 Tara Court	3.3 STREET ADDRESS
CITY-ST-ZIP	Orlando, FL 32809	3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP



CFR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.