

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000223

FILED  
Mar 19, 2010  
Secretary of State

**Entity Name:** THE RICHARDSON MONTESSORI ACADEMY, INC.

**Current Principal Place of Business:**

6815 N ROME AVE  
TAMPA, FL 336045839 US

**New Principal Place of Business:**

**Current Mailing Address:**

6815 N ROME AVE  
TAMPA, FL 336045839 US

**New Mailing Address:**

**FEI Number:** 59-3439501

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRUMFIELD, TOMMIE L  
6815 N ROME AVE  
TAMPA, FL 33604 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: CAO  
Name: BRUMFIELD, TOMMIE L  
Address: 1328 NASSAU STREET  
City-St-Zip: TAMPA, FL 33607

Title: D  
Name: BRUMFIELD, JAMES A  
Address: 1328 NASSAU STREET  
City-St-Zip: TAMPA, FL 33607

Title: D  
Name: BLACK, GENE  
Address: 2601 ST. JOSEPH  
City-St-Zip: TAMPA, FL 33607

Title: D  
Name: WISE, ERIC  
Address: 9408 N. FOREST HILLS DR  
City-St-Zip: TAMPA, FL 33612

Title: D  
Name: ANDERSON, MELINDA  
Address: 532 BROXBURN AVENUE  
City-St-Zip: TAMPA, FL 33617

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: TOMMIE L. BRUMFIELD

CAO

03/19/2010

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

\_\_\_\_\_  
Date