


FILE NOW: FILING FEE IS \$61.25

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90071 017 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000004489

1. Corporation Name
MONTESSORI TIDES SCHOOL, INCORPORATED

Principal Place of Business 235 SHADOW LANE NEPTUNE BEACH FL 32266	Mailing Address P.O. BOX 422 ATLANTIC BEACH FL 32233
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2. Principal Place of Business 21 1550 PENMAN RD Suite, Apt. #, etc. 22 City & State 23 JAY BEACH, FL Zip 24 32250 Country 25 DUVAL	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 08/07/1997 4. FEI Number 59-3473509 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent MOURO, MARIAH 171 CLUB DR ATLANTIC BEACH FL 32233	10. Name and Address of New Registered Agent 81 Name PHIL GRAHAM 82 Street Address (P.O. Box Number is Not Acceptable) 1054 N. 21ST STREET 83 84 City JAY BEACH FL 85 Zip Code 32250
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, KATHY	1.2 NAME	
STREET ADDRESS	2035 SHADOW LANE	1.3 STREET ADDRESS	1054 N. 21ST STREET
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	1.4 CITY-ST-ZIP	JAY BEACH, FL 32250
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOURO, MARIAH	2.2 NAME	
STREET ADDRESS	171 CLUB DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, PHIL	3.2 NAME	
STREET ADDRESS	2035 SHADOW LANE	3.3 STREET ADDRESS	1054 N. 21ST STREET
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	3.4 CITY-ST-ZIP	JAY BEACH, FL 32250
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 4/29/99 (904) 241-1139
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0083531

CR2E037 (1/98)