


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90212 023 \*\*\*\*61.25

|  |   |
|--|---|
| <b>DOCUMENT # N97000006834</b>   |  |
| 1. Entity Name<br><b>MONTESSORI TEACHER EDUCATION<br/>CENTER/PENSACOLA, INC.</b> |   |

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|--|--|
| Principal Place of Business<br><b>20 JAMISON STREET<br/>PENSACOLA FL 32507</b> | Mailing Address<br><b>20 JAMISON STREET<br/>PENSACOLA FL 32507</b> |
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|---|--|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>1010 N 12<sup>th</sup> Ave</b><br>Suite, Apt. #, etc. |
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|                                     |                                     |
|-------------------------------------|-------------------------------------|
| City & State<br><b>Pensacola FL</b> | City & State<br><b>Pensacola FL</b> |
|-------------------------------------|-------------------------------------|

|                     |                       |
|---------------------|-----------------------|
| Zip<br><b>32501</b> | Country<br><b>USA</b> |
|---------------------|-----------------------|

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| 4. FEI Number<br><b>59-3515418</b> | Applied For<br><input type="checkbox"/> Not Applicable |
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|---|---|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional<br/>Fee Required</b> |
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|--|--|
| 6. Name and Address of Current Registered Agent<br><b>LONGORIA, DIANE M<br/>17 W. CERVANTES<br/>PENSACOLA FL 32501</b> |  |
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|---|--|
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |  |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> | <b>Make Check Payable to<br/>Florida Department of State</b> |
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| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>RIGG, PAMELA<br/>16492 FOOTHILL BLVD<br/>SAN LEANDRO CA 94578</b> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>GANDER, ELEANOR<br/>2345 HALLMARK DR.<br/>PENSACOLA FL 32503</b> <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD<br/>GAUDET, MARY<br/>11700 CHANTIELEER CT.<br/>PENSACOLA FL 32507</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 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:** Mary Gaudet **2/27/05** **(850) 469-8138**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #