


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90087 030 ****70.00

DOCUMENT # N97000006834			
1. Entity Name MONTESSORI TEACHER EDUCATION CENTER/PENSACOLA, INC.			
Principal Place of Business 20 JAMISON STREET PENSACOLA FL 32507		Mailing Address 1010 N 12TH AVE PENSACOLA FL 32501	
2. Principal Place of Business - No P.O. Box # 1010 N 12th Ave		3. Mailing Address	
Suite, Apt. #, etc. Suite 138		Suite, Apt. #, etc.	
City & State Pensacola, Fl.		City & State	
Zip 32501	Country	Zip	Country
6. Name and Address of Current Registered Agent LONGORIA, DIANE M 17 W. CERVANTES PENSACOLA FL 32501		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)</small>			
DATE _____			



1st MOORE CR2E037 (10/06)

4. FEI Number 59-3515418	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																							
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Mary Gaudet* **4/11/07 850 469 8138**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #