



**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 18, 2005 08:00 AM
Secretary of State**

DOCUMENT # N97000006835 1. Entity Name MONTESSORI EARLY SCHOOL PARENT TEACHER ORGANIZATION, INC.		
Principal Place of Business 4100 MONTESSORI DR PENSACOLA, FL 32504	Mailing Address 4100 MONTESSORI DR PENSACOLA, FL 32504	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LONGORIA, DIANE M 17 W. CERVANTES PENSACOLA, FL 32501		DO NOT WRITE IN THIS SPACE
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 reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOLDSTEIN, VIKKI 4619 PEBBLE CREEK DRIVE PENSACOLA, FL 32526	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD UEBERSCHAER, WEI 3655 DEL MAR DR GULF BREEZE, FL 32563	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THRASHER, MELANIE 10909 SEAGLADES DR PENSACOLA, FL 32507	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALLEYNE, CATHY 6090 EAST CAMBRIDGE WAY MILTON, FL 32571	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Wei Ueberschaer 1/13/05 (850) 469-8138 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3507230	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/20/05-80013-017 61.25

**DO NOT WRITE
IN THIS SPACE**