## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 02, 2006 8:00 am Secretary of State 02-02-2006 90030 030 \*\*\*\*70.00

DOCUMENT # N9700006835  1. Entity Name MONTESSORI EARLY SCHOOL PARENT TEACHER ORGANIZATION, INC.					02-02-2006 90030 030 ****70.00					
Principal Place of Business 4100 MONTESSORI DR 4100 MONTESSORI DR PENSACOLA, FL 32504  Mailing Address 4100 MONTESSORI DR PENSACOLA, FL 32504					1 100 1110 1 110 1101		n 8001 501(8 8			
Principal Place of Business     3. I		3. Mailing Address	J. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01092006 C	Chg-NP	CR2E0	37 (11/05)			
City & State		City & State		4. FEI Number 59-35072	30	· ···· <del>-</del>	<del> </del>	oplied For ot Applicable		
Zip	Country	Zip	Country		5. Certificate of S	Status Desired	×	\$8.75 Add Fee Require	litional	
	6. Name and Address of Current	Registered Agent			7. Name and Ad	dress of New R	egistered /	Agent		
	A BIANE 44			Name						
LONGORIA, DIANE M 17 W. CERVANTES PENSACOLA, FL 32501				Street Address	Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Cod	e	
	named entity submits this statement for tions of registered agent.	r the purpose of changir	ng its registered	office or regist	tered agent, or both, i	n the State of Flo	orida. I am	familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable.	(NQTE: Registered A	lgent signature requi	red when reinstating)		DATE			
					<del></del>					
	Filing Fee is \$61.25 Due by May 1, 2006		n Campaign Fina and Contribution	· -	\$5.00 May Be Added to Fees	I		k payable to		
10.		Trust Fu			\$5.00 May Be	Flori	ida Depar	rtment of Si	tate	
10.	Due by May 1, 2006	Trust Fu	and Contribution	n.	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Flori GES TO OFFICER	ida Depar RS AND DI	rtment of Si	tate	
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A PHILIP

12. I hereby certify that the information supplied with this filing does not qualify for the examptions contained in Chapter 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 cath; 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:

SIGNATURE AND TYPED OR ARRITED NAME OF SIGNING OFFICER OR DIRECTOR

Dayline Phone •