


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 # 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3507230	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
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 reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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		
TITLE VD NAME GOLDSTEIN, VIKKI STREET ADDRESS 4619 PEBBLE CREEK DRIVE CITY-ST-ZIP PENSACOLA, FL 32526	<input checked="" type="checkbox"/> Delete		TITLE VD NAME Gregory M. Davis STREET ADDRESS 8900 Scenic Hills Dr. CITY-ST-ZIP Pensacola FL 32514	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME UEBERSCHAER, WEI STREET ADDRESS 3655 DEL MAR DR CITY-ST-ZIP GULF BREEZE, FL 32563	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Vikki Goldstein STREET ADDRESS 4619 Pebble Creek Dr. CITY-ST-ZIP Pensacola, FL 32526	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME THRASHER, MELANIE STREET ADDRESS 10909 SEAGLADES DR CITY-ST-ZIP PENSACOLA, FL 32507	<input checked="" type="checkbox"/> Delete		TITLE SD NAME Glenda Mayo STREET ADDRESS 3419 Edinborough Ct. CITY-ST-ZIP Pensacola, FL 32514	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME ALLEYNE, CATHY STREET ADDRESS 6090 EAST CAMBRIDGE WAY CITY-ST-ZIP MILTON, FL 32571	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 exemptions 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 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: <i>Vikki R Goldstein</i>			1/12/06 (850) 433-4155		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		