

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90005 031 \*\*\*\*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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03262008

Chg-NP

CR2E037 (12/06)

4. FEI Number  
**59-3507230**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

TITLE **DS** ☐ Delete  
NAME **BRACKIN, LORRAINE**  
STREET ADDRESS **9875 HARLINGTON ST**  
CITY-ST-ZIP **CANTONMENT, FL 32533**

TITLE **P** ☒ Delete  
NAME **DAVIS, GREGORY M**  
STREET ADDRESS **8900 SCENIC HILLS DR**  
CITY-ST-ZIP **PENSACOLA, FL 32514**

TITLE **VP** ☐ Delete  
NAME **MAYO, GLENDA**  
STREET ADDRESS **3419 EDINBOROUGH CT.**  
CITY-ST-ZIP **PENSACOLA, FL 32514**

TITLE **TD** ☒ Delete  
NAME **ALLEYNE, CATHY**  
STREET ADDRESS **6090 EAST CAMBRIDGE WAY**  
CITY-ST-ZIP **MILTON, FL 32571**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition  
NAME **Mayo, Glenda**  
STREET ADDRESS **3419 Edinborough Ct.**  
CITY-ST-ZIP **Pensacola, FL 32514**

TITLE **V** ☒ Change ☐ Addition  
NAME **Brackin, Lorraine**  
STREET ADDRESS **9875 Harlington, St**  
CITY-ST-ZIP **Cantonment, FL 32533**

TITLE **S** ☐ Change ☒ Addition  
NAME **Goodpaster, Margarita**  
STREET ADDRESS **6529 Codell St.**  
CITY-ST-ZIP **Navarre, FL 32566**

TITLE **T** ☐ Change ☒ Addition  
NAME **Gehrke, Shannon**  
STREET ADDRESS **6433 Aspen Ave.**  
CITY-ST-ZIP **Milton, FL 32570**

TITLE **T** ☐ Change ☒ Addition  
NAME **Blake, Shelly**  
STREET ADDRESS **251 W. Moreno St.**  
CITY-ST-ZIP **Pensacola, FL 32534**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Shannon B. Gehrke**

**3-26-08**

Date

**(850) 433-4155**

Daytime Phone #