

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004977

FILED  
Jan 08, 2007  
Secretary of State

**Entity Name:** MIAMI LAKES MONTESSORI CHRISTIAN CENTER, INC.

**Current Principal Place of Business:**

6381 MIAMI LAKEWAY N  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

659 SW 167 WAY  
PEMBROKE PINES, FL 33027

**New Mailing Address:**

**FEI Number:** 65-0860212

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

THIBODEAU, CHARLENE A VP  
659 S.W. 167TH WAY  
PEMBROKE PINES, FL 33027 US

**Name and Address of New Registered Agent:**

THIBODEAU, PAUL E P  
659 S.W. 167TH WAY  
PEMBROKE PINES, FL 33027 US

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.

SIGNATURE: PAUL E THIBODEAU

01/08/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: THIBODEAU, PAUL E PASTOR  
Address: 659 SW 167TH WAY  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: VP ( ) Delete  
Name: THIBODEAU, CHARLENE A  
Address: 659 S.W. 167TH WAY  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: T ( ) Delete  
Name: RAMIREZ, JEANINE  
Address: 1367 NW 155 LANE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D ( ) Delete  
Name: PELLINI, KIMBERLY  
Address: 6381 MIAMI LAKEWAY N  
City-St-Zip: MIAMI LAKES, FL 33014

Title: D ( ) Delete  
Name: PELLINI, PAUL  
Address: 6381 MIAMI LAKEWAY N  
City-St-Zip: MIAMI LAKES, FL 33014

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL E THIBODEAU

P

01/08/2007

Electronic Signature of Signing Officer or Director

Date