


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 MAY 29 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000007375 1. Entity Name EINSTEIN MONTESSORI SCHOOL, INC.					
Principal Place of Business 5930 S W ARCHER ROAD GAINESVILLE, FL 32608 US			Mailing Address 5930 S W ARCHER ROAD GAINESVILLE, FL 32608 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3552344	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OSBRACH, ALLEN Z 1255 FAULKINGHAM ROAD MERRITT ISLAND, FL 32952				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Amended AR is \$61.25		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYAN, ZACKERY L <input type="checkbox"/> Delete 772 CR 21 S HAWTHORNE, FL 326406210				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONWAY, TIMOTHY W DR. <input type="checkbox"/> Delete 1826 SW 81ST TERRACE GAINESVILLE, FL 32607				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ABRUZZINO, MARY BETH <input type="checkbox"/> Delete 303 SE WENONA AVENUE OCALA, FL 34471				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCGLONE, KATHLEEN <input type="checkbox"/> Delete 3930 SE 14TH TERRACE GAINESVILLE, FL 32608				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOMBARDINO, LINDA DR. <input type="checkbox"/> Delete 560 NE 7 AVENUE GAINESVILLE, FL 32605				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SUMMERS, WILLIAM S <input type="checkbox"/> Delete 25407 SW 18TH AVE MICANOPY, FL 32667				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 000104109340 CITY-ST-ZIP 06/08/07--01015--010 **\$61.25					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS D CITY-ST-ZIP Abruzzino, Mary Beth					
TITLE NAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS D CITY-ST-ZIP Chapman, Lisa M. 20805 NW 190th Avenue High Springs, FL 32643					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 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: <i>Kathleen</i> <i>Secretary</i> <i>5/24/07</i> <i>352 335-4321</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					