2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
05-10-2001 90173 026 ****61.25

DOCUMENT # N99000000502

1. Entity Name

GOOD SHEPHERD MONTESSORI FOUNDATION, INC.

Principal Place of Business	Mailing Address
904 STARBIRD ST EUSTIS FL 32726	904 STARBIRD ST EUSTIS FL 32726

DO NOT WRITE IN THIS SPACE

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 59-3563130 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HEMPHILL, CECILE M 303 PALM WAY TAVARES FL 32778	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.

SIGNATURE Cecile M. Hemphill April 30, 2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD NG, MAYRA 720 BOYOLESTON ST LEESBURG FL 34748	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SANTOS, KAREN 13635 DEVENSHIRE CT GRAND ISLAND, FL 32735	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURGOS, LOURDES DR. 1701 EDGEWATER DR MT DORA FL 32757	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KNEPPER, HILLARY 422 WASHINGTON AVE EUSTIS, FL 32726	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD COOKE, KIMBERLY 2491 E. CROOKED LAKE CLUB BLVD EUSTIS FL 32726	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MARY ELLEN WILLIS 1112 W. MAIN ST LEESBURG, FL 34748	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MALCOLM, ANITA 2427 BAY AVE SOUTH SANFORD FL 32771	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HEMPHILL, CECILE M 303 PALM WAY TAVARES FL 32778	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SD Cecile M Hemphill D APRIL 30, 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #