2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

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Entity Name: GOOD SHEPHERD MONTESSORI FOUNDATION, INC.

Current Principal Place of Business:

303 PALM WAY
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

303 PALM WAY
TAVARES, FL 32778

New Mailing Address:

FEI Number: 59-3563130 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEMPHILL, CECILE M
303 PALM WAY
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DT ( ) Delete
Name: GRETZLER, JOANNE
Address: 310 S HIGHLAND ST
City-St-Zip: MOUNT DORA, FL 32757

Title: D ( ) Delete
Name: ALLICOCK, JEANNIE
Address: 515 C CONTER ST
City-St-Zip: EUSTIS, FL 32726

Title: D ( ) Delete
Name: MONTEZ, MARY
Address: 201 W CHELSEY AVE
City-St-Zip: EUSTIS, FL 32726

Title: DS ( ) Delete
Name: KRAYNIK, LINDA
Address: 975 ROLLING ACRES RD.
City-St-Zip: LADY LAKE, FL 32159

Title: PD ( ) Delete
Name: HEMPHILL, CECILE M
Address: 303 PALM WAY
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: GRETZLER, JOANNE
Address: 310 S HIGHLAND ST
City-St-Zip: MOUNT DORA, FL 32757

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

Title: DS (X) Change ( ) Addition
Name: SABANGAN, HUMBELINA
Address: 1201 NOBLE PLACE
City-St-Zip: ORLANDO, FL 32801

Title: D (X) Change ( ) Addition
Name: CHERRY, ROSE
Address: 15099 SE 180TH ST
City-St-Zip: WERSDALE, FL 32195

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 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 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: CECILE M. HEMPHILL PD 04/30/2005
Electronic Signature of Signing Officer or Director — Date