

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000085010 (4)

1. Corporation Name

LAKE MARY MONTESSORI ACADEMY, INC.



Principal Place of Business

269 WEXFORD COURT  
ALTAMONTE SPRINGS FL 32714

Mailing Address

269 WEXFORD COURT  
ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified  
11/18/1994

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 3551 W. Lake Mary Blvd.

26

4. FEI Number  
APPLIED FOR 67-3282823

Applied For  
Not Applicable

22 Suite, Apt. #, etc.  
# 202

27 Suite, Apt. #, etc.

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

23 City & State  
Lake Mary, FL

28 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip  
32746

29 Zip  
30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORRISON, WILLIAM H  
7100 S. HWY 17-92  
FERN PARK FL 32730

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and its representative

(NOTE: Registered Agent signature required when fee is \$225.00)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
DPV  
LINVILLE, SHEILA M  
269 WEXFORD CT.  
ALTAMONTE SPRINGS FL 32714 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
ST  
LINVILLE, SHEILA M  
269 WEXFORD CT.  
ALTAMONTE SPRINGS FL 32714 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Sheila M. Linville* Sheila M. Linville 4/29/94 407-862-0246  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)