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May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P97000102092 (8)

1. Corporation Name
MONTESSORI PREPARATORY SCHOOL OF TEMPLE TERRACE, INC.

Principal Place of Business
11812 NORTH 56TH STREET
TAMPA FL 33617
NO

Mailing Address
11812 NORTH 56TH STREET
TAMPA FL 33617
NO

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	
21 11302 N 53rd St	26 11302 N 53rd St	12/04/1997	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	☐ Applied For
22 TEMPLE TERRACE	27 TEMPLE TERRACE	59 3488850	☐ Not Applicable
City & State	City & State	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 FLORIDA	28 FLA	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country	Zip / Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
24 33617 / 25 Hillsb.	29 33617 / 30 Hills.		

9. Name and Address of Current Registered Agent

AHRENS, NICHOLA G
11812 NORTH 56TH STREET
TAMPA FL 33617

10. Name and Address of New Registered Agent

81 Name SONIA A JOHNSON
82 Street Address (P.O. Box Number is Not Acceptable) 11104 RICHLYNE ST
83 T.T. FLA 33617
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 Sonia A Johnson
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, SONIA A	1.2 NAME	
STREET ADDRESS	11104 RICHLYNE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617 PRES.	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☒ Addition
NAME	CASPER D JOHNSON	2.2 NAME	
STREET ADDRESS	11104 Richlyne St	2.3 STREET ADDRESS	
CITY-ST-ZIP	T.T. FLA 33617 VIC PRES.	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME	LOLITA M. JOHNSON	3.2 NAME	
STREET ADDRESS	11104 Richlyne ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	T T FL. 33617 TREAS	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

14. 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 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: Sonia A Johnson 4/28/98 813 8992345