**PROFIT** CORPORATION . ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # V52584

## **FILED** Feb 03, 1999 8:00am **Secretary of State**

02-03-1999 90003 045 \*\*\*150.00

MONTESSORI SCHOOL				<u>, -</u>				
Principal Place of Business	. Mailing Addre							
COOLIDGE AVENUE	50 COOLIDGE					-		
ORMOND BEACH FL 32174 ORMOND BEACH FL 32174					DO NOT WRITE IN THIS SPACE			
**	•				3. Date Incorporated or Qua	alifed		
		-			07/22/1992		· .	
2. Principal Place of Business	2a. Mailing A	Address			4. FEI Number		<del></del>	plied For
	26				59-3138286			t Applicable
Suite, Apt. # etc.	, Suite, Ap	ot. #, etc.			5. Certifcate of Status Desir	red 🗆	\$8.75 A	
2	27				J. 55		Fee Re	<del></del>
City & State	City & St	tate			6. Election Campaign Finar	ncing 🗆	\$5.00	
3	28	<del></del> _	<u> </u>		Trust Fund Contribution		Added t	o rees
Zip Cou	ntry Zip		Country		8. This corporation owes the	e current year In	tangible □ Yes	□No
25	29	30	<u> </u>		Personal Property Tax.  10. Name and Address of	New Registered		
9. Name and Ad	dress of Current Registered Age	ent	81	Name	10. Name and Address of	issa isediareien		
MAINTE 01101			"					
WHITE, SUSI			82	Street Addr	ess (P.O. Box Number is Not A	cceptable)		-
50 COOLIDGE AVENUE			92			s 32 - 1	1 11 15 16 16 16 16 16 16 16 16 16 16 16 16 16	3 4 13
ORMOND BEACH FL 3	21/4		83	4	* * * * * * * * * * * * * * * * * * * *	<u> </u>	10 to	
•			84	City		Fl	85 Zip	Code
A D	Sections 607 0502 and 607 1508.	Florida Statutes, 1	the above	e-named corp	poration submits this statement f	for the purpose of	internation to	rejetorod
.11. Pursuant to the provisions of S office or registered agent, or b	Sections 607.0502 and 607.1508, loth, in the State of Florida. Such of	Florida Statutes, t	the above	e-named corp the corporation	oration submits this statement fon's board of directors. I hereby	or the purpose of accept the appo	intment as re	gistered
11. Pursuant to the provisions of S office or registered agent, or b agent. I am familiar with, and a	Sections 607.0502 and 607.1508, loth, in the State of Florida. Such caccept the obligations of, Section 6	Florida Statutes, t change was autho 607.0505, Florida	the above orized by Statutes.	-named corp the corporatio	oration submits this statement foo's board of directors. I hereby	or the purpose of accept the appo	intment as re	gistered
OLONATURE"					ed when reinstating)	DATE		
SIGNATURE Signature, typed or printed r	sections 607.0502 and 607.1508, oth, in the State of Florida. Such caccept the obligations of, Section 6 to the obligations of					DATE	ND DIRECTO	ORS IN 12
SIGNATURE Signature, typed or printed r	name of registered agent and title if applicable. OFFICERS AND DIRECTORS		gistered Agen		ed when reinstating)	DATE		ORS IN 12
SIGNATURE Signature, typed or printed in 12.	name of registered agent and title if applicable. OFFICERS AND DIRECTORS	(NOTE: Reg	gistered Agen		ed when reinstating)	DATE	ND DIRECTO	ORS IN 12
SIGNATURE Signature, typed or printed response to the signature. The DP WHITE, SUSI	name of registered agent and title if applicable. OFFICERS AND DIRECTORS	(NOTE: Reg	13.	it signature require	ed when reinstating)	DATE	ND DIRECTO	ORS IN 12
SIGNATURE Signature, typed or printed in 12.  TITLE DP WHITE, SUSI STREET ADDRESS 15 WINDING WO	OFFICERS AND DIRECTORS ODS TRAIL	(NOTE: Reg	13. 1.1 TITLE 1.2 NAME	it signature require	ed when reinstating)	DATE	ND DIRECTO	DRS IN 12
SIGNATURE  Signature, typed or printed r  12.  TITLE DP  NAME WHITE, SUSI  STREET ADDRESS 15 WINDING WOO  ORMOND BCH F	OFFICERS AND DIRECTORS ODS TRAIL	(NOTE: Reg	13. 1.1 TITLE 1.2 NAME 1.3 STREET	it signature require	ed when reinstating)	DATE	ND DIRECTO	DRS IN 12
SIGNATURE  Signature, typed or printed r  12.  TITLE DP  NAME WHITE, SUSI  STREET ADDRESS 15 WINDING WO  ORMOND BCH F  TITLE DST	OFFICERS AND DIRECTORS ODS TRAIL	(NOTE: Reg	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	it signature require	ed when reinstating)	DATE	ND DIRECTO	DRS IN 12
SIGNATURE  Signature, typed or printed in the street address of th	OFFICERS AND DIRECTORS ODS TRAIL	(NOTE: Reg	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	t signature require	ed when reinstating)	DATE	ND DIRECTO	DRS IN 12
SIGNATURE	OFFICERS AND DIRECTORS ODS TRAIL	(NOTE: Reg	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME	t signature require  f ADDRESS  T - ZIP  T ADDRESS	ed when reinstating)	DATE	ND DIRECTO	DRS IN 12 Addition
SIGNATURE  Signature, typed or printed in the street address of th	OFFICERS AND DIRECTORS  ODS TRAIL  L  ODS TRAIL	(NOTE: Reg	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET	t signature require  f ADDRESS  T - ZIP  T ADDRESS	ed when reinstating)	DATE	ND DIRECTO	DRS IN 12 Addition
SIGNATURE    Signature, typed or printed r   12.	OFFICERS AND DIRECTORS ODDS TRAIL L DODS TRAIL L DODS TRAIL	(NOTE: Reg	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S' 2.4 CITY-S'	t signature require  f ADDRESS  T - ZIP  T ADDRESS	ed when reinstating)	DATE	ND DIRECTO	DRS IN 12 Addition
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SIGNATURE	OFFICERS AND DIRECTORS  OFFICERS AND DIRECTORS  OODS TRAIL  L  OODS TRAIL  L  ODDS TRAIL  L  ODDS TRAIL  L  ODDS TRAIL	(NOTE: Reg	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	T ADDRESS T-ZIP T ADDRESS	ed when reinstating)	DATE	ND DIRECTO Change Change	DRS IN 12 Additio
SIGNATURE	OFFICERS AND DIRECTORS  OFFICERS AND DIRECTORS  OODS TRAIL  L  OODS TRAIL  L  ODDS TRAIL  L  ODDS TRAIL  L  ODDS TRAIL	(NOTE: Reg	13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 22 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET	T ADDRESS T-ZIP T ADDRESS	ed when reinstating)	DATE	ND DIRECTO	DRS IN 12 Addition Addition
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SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DST WHITE, SUSI 15 WINDING WO ORMOND BCH F WHITE, RUSSELI 15 WINDING WO ORMOND BCH F TITLE V NAME STREET ADDRESS TITLE NAME STREET ADDRESS TY NAME ORMOND BCH F TITLE V NAME ORMOND BCH F TITLE V NAME ORMOND BCH F TITLE NAME ORMOND BEACT TITLE NAME	OFFICERS AND DIRECTORS  ODS TRAIL  L  ODS TRAIL  L  ODDS TRAIL  L  ODDS TRAIL  H FL	(NOTE: Reg	13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 22 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.2 NAME 4.3 STREET	It signature require IT ADDRESS IT ZIP IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP IT ADDRESS	ed when reinstating)	DATE	ND DIRECTO Change Change	DRS IN 12 Addition Addition Addition
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SIGNATURE  12.  TITLE DP  NAME WHITE, SUSI STREET ADDRESS CITY-ST-ZIP TITLE DST WHITE, RUSSELL STREET ADDRESS ORMOND BCH F TITLE DST WHITE, RUSSELL STREET ADDRESS ORMOND BCH F TITLE V  NAME MOORE, JAMES TREET ADDRESS 7 WINDING WOO CITY-ST-ZIP ORMOND BEACT TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIRECTORS  ODS TRAIL  L  ODS TRAIL  L  ODDS TRAIL  L  ODDS TRAIL  H FL	(NOTE: Reg	13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 22 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.2 NAME 4.3 STREET 5.1 TITLE 5.2 NAME	IT ADDRESS T ADDRESS	ed when reinstating)	DATE	ND DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition Addition
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SIGNATURE    Signature, typed or printed or	OFFICERS AND DIRECTORS  ODS TRAIL  L  ODS TRAIL  L  ODDS TRAIL  L  ODDS TRAIL  H FL	(NOTE: Reg	13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 22 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.2 TITLE 5.2 NAME 5.3 STREET 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 5.4 CITY-S 5.5 STREET 5.4 CITY-S	IT ADDRESS ST-ZIP T ADDRESS ST-ZIP	ed when reinstating)	DATE	ND DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition Addition
TITLE DP WHITE, SUSI STREET ADDRESS CITY-ST-ZIP ORMOND BCH F TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECTORS  ODS TRAIL  L  ODS TRAIL  L  ODDS TRAIL  L  ODDS TRAIL  H FL	(NOTE: Reg	13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 22 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.1 TITLE 5.2 NAME 5.3 STREE 5.1 TITLE 6.2 NAME	IT ADDRESS ST-ZIP T ADDRESS ST-ZIP	ed when reinstating)	DATE	ND DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition

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 all attachment with an address, with all other like empowered. CITY-ST-ZIP