

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763899

Entity Name: THE MONTESSORI LEARNING CENTER OF FORT WALTON BEACH, INC.**FILED**
Feb 10, 2014
Secretary of State
CC6391913261**Current Principal Place of Business:**28 MIRACLE STRIP PKWY SW, SUITE 2
FT. WALTON BEACH, FL 32548**Current Mailing Address:**28 MIRACLE STRIP PKWY SW, SUITE 2
FT. WALTON BEACH, FL 32548**FEI Number: 59-2210929****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**IZER, STACEY
322 IVA PLACE SW
FORT WALTON BEACH, FL 32548 US*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**Officer/Director Detail :**

Title	PD
Name	LEATHERMAN, SARAH
Address	1019 COUNTRYSIDE COURT
City-State-Zip:	FORT WALTON BEACH FL 32547

Title	VPD
Name	NEHRING, PEGGY
Address	1627 ELLA RUTH DR
City-State-Zip:	FORT WALTON BEACH FL 32547

Title	TD
Name	SANDWITH, JULIA
Address	128 TROY CIRCLE
City-State-Zip:	FORT WALTON BEACH FL 32547

Title	SD
Name	IBSEN, KENDALL
Address	602 MOONEY RD NE
City-State-Zip:	FORT WALTON BEACH FL 32547

Title	D
Name	MAYFIELD, KIMBERLY
Address	200 COUNTRY CLUB RD
City-State-Zip:	SHALIMAR FL 32579

Title	D
Name	MARTINEZ, MELISSA
Address	17 RICKEY AVE
City-State-Zip:	FORT WALTON BEACH FL 32547

I hereby 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 all other like empowered.

SIGNATURE: SARAH LEATHERMAN**PD****02/10/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date