

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763899

Entity Name: THE MONTESSORI LEARNING CENTER OF FORT WALTON BEACH, INC.**FILED**
Jan 10, 2023
Secretary of State
2081702937CC**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
340 SHANNON COURT
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: STACEY IZER

01/10/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|----------------------------|
| Title | DIRECTOR |
| Name | IZER, STACEY |
| Address | 340 SHANNON COURT |
| City-State-Zip: | FORT WALTON BEACH FL 32548 |

| | |
|-----------------|-------------------|
| Title | PRESIDENT |
| Name | SIMPSON, COURTNEY |
| Address | 19 BAY SHORE DR |
| City-State-Zip: | SHALIMAR FL 32579 |

| | |
|-----------------|----------------------------|
| Title | TREASURER |
| Name | DONEGAN, BETHANY |
| Address | 121 WAYNEL CIRCLE |
| 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: STACEY IZER

DIRECTOR

01/10/2023

Electronic Signature of Signing Officer/Director Detail

Date