

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763899

Entity Name: THE MONTESSORI LEARNING CENTER OF FORT WALTON BEACH, INC.**FILED**
Jan 20, 2017
Secretary of State
CC1250355125**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	SECRETARY
Name	SANDWITH, JULIA
Address	128 TROY CIRCLE
City-State-Zip:	FORT WALTON BEACH FL 32547

Title	PRESIDENT
Name	BROWNING, ELIZABETH
Address	11 BAY DRIVE SE
City-State-Zip:	FT. WALTON BEACH FL 32548

Title	OTHER
Name	SMITH, MCKENZIE
Address	224 GIRARD AVENUE
City-State-Zip:	FORT WALTON BEACH FL 32548

Title	OTHER
Name	STEELE, LAYLAINYA
Address	604 LAKEVIEW RD
City-State-Zip:	FORT WALTON BEACH FL 32547

Title	DIRECTOR
Name	IZER, STACEY
Address	322 IVA PLACE SW
City-State-Zip:	FORT WALTON BEACH FL 32548

Title	VP
Name	WADDELL, ANNE
Address	415 PRISTINE WATER LN
City-State-Zip:	MARY ESTHER FL 32569

Title	TREASURER
Name	JANKOWSKI, AMBER
Address	1959 ESPLANDE ST
City-State-Zip:	NAVARRE FL 32566

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****01/20/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date