

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763899

Entity Name: THE MONTESSORI LEARNING CENTER OF FORT WALTON BEACH, INC.**FILED**
Jan 23, 2013
Secretary of State
CC7029464730**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	MUSCATO, JENNIFER
Address	429 EMERALD POINTE DRIVE
City-State-Zip:	MARY ESTHER, FL 32569

Title	TD
Name	CLANCY, SHERI
Address	132 MONAHAN DRIVE
City-State-Zip:	FORT WALTON BEACH FL 32547

Title	SD
Name	EILDERS, CARRIE
Address	505 RUSH PARK CIRCLE
City-State-Zip:	MARY ESTHER FL 32569

Title	D
Name	MCINTYRE, CAROLYN
Address	14 LEWIS DRIVE
City-State-Zip:	HURLBURT FIELD FL 32544

Title	D
Name	GLOVER, JAMIE
Address	23 LAKE LORRAINE CIRCLE
City-State-Zip:	SHALIMAR FL 32579

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: SHERI CLANCY**TD****01/23/2013**

Electronic Signature of Signing Officer/Director Detail

Date