

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000002167

**Entity Name:** MONTESSORI HOUSE OF OCALA, INC.

**Current Principal Place of Business:**

9880 SW 84TH COURT  
SUITE D  
OCALA, FL 34481

**Current Mailing Address:**

13680 SW 71ST LANE  
OCALA, FL 34481 US

**FEI Number: 26-1615284**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FERRER, JILL JMRS.  
13680 SW 71 LANE  
OCALA, FL 34481 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 FERRER, JILL J  
Address 13680 SW 71ST LANE  
City-State-Zip: Ocala FL 34481

Title VPD  
Name DRAKE, DENNIS  
Address 9544 SW 30TH TERRACE  
City-State-Zip: Ocala FL 34476

Title SD  
Name FERRER, JAMIE  
Address 5326 SW 129TH PLACE  
City-State-Zip: Ocala FL 34473

Title TD  
Name FERRER, VICTOR MJR.  
Address 13680 SW 71ST LANE  
City-State-Zip: Ocala FL 34481

Title D  
Name MENDOZA, KRYSTLE M  
Address 8414 SW 101 PLACE RD  
City-State-Zip: Ocala FL 34481

Title D  
Name DRAKE, HEATHER  
Address 9544 SW 30TH TERRACE  
City-State-Zip: Ocala FL 34476

Title DIRECTOR  
Name BEATTY, SHANNON A MRS.  
Address 23228 SW MARION BLVD.  
City-State-Zip: DUNNELLON FL 34431

*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: JILL J FERRER**

**PRESIDENT**

**03/08/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date