

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000003649

Entity Name: INNOVATION MONTESSORI, INC.**Current Principal Place of Business:**1644 NORTH LAKEWOOD AVENUE
OCOE, FL 34761**Current Mailing Address:**1644 NORTH LAKEWOOD AVENUE
OCOE, FL 34761 US**FEI Number:** 90-0658753**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CLAY, HEATHER R
1644 NORTH LAKEWOOD AVENUE
OCOE, FL 34761 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:** HEATHER R. CLAY

02/06/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name CHASE, KRISTIN
Address 1644 NORTH LAKEWOOD AVENUE
City-State-Zip: OCOEE FL 34761

Title TREASURER
Name STEVENSON, A.J.
Address 1644 NORTH LAKEWOOD AVENUE
City-State-Zip: OCOEE FL 34761

Title VP
Name CASEY, BRETT
Address 1644 NORTH LAKEWOOD AVENUE
City-State-Zip: OCOEE FL 34761

Title BOARD MEMBER
Name GEORGE, KATE
Address 1644 NORTH LAKEWOOD AVENUE
City-State-Zip: OCOEE FL 34761

Title PRESIDENT
Name WILLIAMS, STACEY
Address 1644 NORTH LAKEWOOD AVENUE
City-State-Zip: OCOEE FL 34761

Title BOARD
Name STONE, KEVIN
Address 1644 NORTH LAKEWOOD AVENUE
City-State-Zip: OCOEE FL 34761

Title BOARD MEMBER
Name CARAVELIS, MARISSA
Address 1644 NORTH LAKEWOOD AVENUE
City-State-Zip: OCOEE FL 34761

Title BOARD MEMBER
Name FARBER, SCOTT
Address 1644 NORTH LAKEWOOD AVENUE
City-State-Zip: OCOEE FL 34761

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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: HEATHER R. CLAY**EXECUTIVE DIRECTOR**

02/06/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	EXECUTIVE DIRECTOR
Name	CLAY, HEATHER R.
Address	1644 NORTH LAKEWOOD AVENUE
City-State-Zip:	OCOE FL 34761