

2021 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:**CHERICO, PATRICE M
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:** PATRICE M. CHERICO

01/21/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title	TREASURER
Name	GALINA, PHILLIP
Address	1644 NORTH LAKEWOOD AVENUE
City-State-Zip:	OCOE FL 34761

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

Title	BOARD MEMBER
Name	SORG, BETSY
Address	1644 NORTH LAKEWOOD AVENUE
City-State-Zip:	OCOE FL 34761

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

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

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: BRETT CASEY

PRESIDENT

01/21/2021

Electronic Signature of Signing Officer/Director Detail

Date