

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000007152

**Entity Name:** INNOVATION MONTESSORI HIGH SCHOOL - OCOEE, INC.

**Current Principal Place of Business:**

1644 NORTH LAKEWOOD AVENUE  
OCOEE, FL 34761

**Current Mailing Address:**

1644 NORTH LAKEWOOD AVENUE  
OCOEE, FL 34761 US

**FEI Number: 83-1529458**

**Certificate of Status Desired: No**

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

CHERICO, PATRICE M  
1644 NORTH LAKEWOOD AVENUE  
OCOEE, 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**

**01/22/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

Title DIRECTOR  
Name ALLEN, CARRIE  
Address 1644 NORTH LAKEWOOD AVENUE  
City-State-Zip: OCOEE FL 34761

Title DIRECTOR  
Name WILLIAMS, STACEY  
Address 1644 NORTH LAKEWOOD AVENUE  
City-State-Zip: OCOEE 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**

**01/22/2020**

Electronic Signature of Signing Officer/Director Detail

Date