

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000008048

Entity Name: MI ESCUELA MONTESSORI, INC.**Current Principal Place of Business:**2130 E. EDGEWOOD DR. SUITE 1
LAKELAND, FL 33803**Current Mailing Address:**2130 E. EDGEWOOD DR. SUITE 1
LAKELAND, FL 33803 US**FEI Number: 83-2946978****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DE LA CRUZ, KELLY
2130 E. EDGEWOOD DR. SUITE 1
LAKELAND, FL 33803 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 D
Name MEDINA, DANIEL
Address 2130 E. EDGEWOOD DR. SUITE 1
City-State-Zip: LAKELAND FL 33803

Title D
Name MOORE, LATRICE
Address 2130 E. EDGEWOOD DR. SUITE 1
City-State-Zip: LAKELAND FL 33803

Title D
Name SIERRA, JONATHAN
Address 2130 E. EDGEWOOD DR. SUITE 1
City-State-Zip: LAKELAND FL 33803

Title D
Name MARMOL, MARTIN
Address 2130 E. EDGEWOOD DR. SUITE 1
City-State-Zip: LAKELAND FL 33803

Title D
Name DE LA CRUZ, KELLY
Address 2130 E. EDGEWOOD DR. SUITE 1
City-State-Zip: LAKELAND FL 33803

Title D
Name DRAKE NELSON, CATHLEEN
Address 2130 E. EDGEWOOD DR. SUITE 1
City-State-Zip: LAKELAND FL 33803

Title D
Name ALBRITTON, LORI
Address 2130 E. EDGEWOOD DR. SUITE 1
City-State-Zip: LAKELAND FL 33803

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: KELLY DE LA CRUZ**PRESIDENT****06/13/2019**

Electronic Signature of Signing Officer/Director Detail

Date