

**2021 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            PRESIDENT  
Name            MEDINA, DANIEL  
Address        2130 E. EDGEWOOD DR. SUITE 1  
City-State-Zip: LAKELAND FL 33803

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

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

Title            DIRECTOR  
Name            BENTLEY, JOYCE  
Address        2130 E. EDGEWOOD DR. SUITE 1  
City-State-Zip: LAKELAND FL 33801

Title            DIRECTOR  
Name            LAWSON, LYNDIA  
Address        2130 E. EDGEWOOD DR. SUITE 1  
City-State-Zip: LAKELAND FL 33803

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

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

Title            SECRETARY  
Name            BIZERRA, SUE  
Address        2130 E. EDGEWOOD DR. SUITE 1  
City-State-Zip: LAKELAND FL 33803

**Continues on page 2**

*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****EXECUTIVE DIRECTOR      03/13/2021  
AND REGISTERED AGENT**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                SELLERS, HAZEL  
Address             2130 E. EDGEWOOD DR. SUITE 1  
City-State-Zip:    LAKELAND FL 33803

Title                 DIRECTOR  
Name                NUNEZ, ALAIN  
Address             2130 E. EDGEWOOD DR. SUITE 1  
City-State-Zip:    LAKELAND FL 33803