

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000000097

**Entity Name:** INNOVATION MONTESSORI FOUNDATION, INC.

**Current Principal Place of Business:**

1644 N. LAKEWOOD AVENUE  
OCOEE, FL 34761

**Current Mailing Address:**

1644 N. LAKEWOOD AVENUE  
OCOEE, FL 34761 US

**FEI Number: 83-3050953**

**Certificate of Status Desired: No**

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

CHERICO, PATRICE  
1644 N. 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 CHERICO**

**02/15/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name WILLIAMS, STACEY  
Address 1644 N. LAKEWOOD AVENUE  
City-State-Zip: OCOEE FL 34761

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

Title TREASURER  
Name GALLINA, PHILIP  
Address 1644 N. LAKEWOOD AVENUE  
City-State-Zip: OCOEE FL 34761

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

Title DIR  
Name STEVENSON, AJ  
Address 1644 N. LAKEWOOD AVENUE  
City-State-Zip: OCOEE FL 34761

Title DIR  
Name STONE, KEVIN  
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**

**BOARD PRESIDENT**

**02/15/2022**

Electronic Signature of Signing Officer/Director Detail

Date