

2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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

03/22/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title VP
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

Title DIRECTOR
Name CARAVELIS, MARISSA
Address 1644 N. 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: STACEY WILLIAMS

PRESIDENT

03/22/2023

Electronic Signature of Signing Officer/Director Detail

Date