SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
(AMOUNT DUE ON OR BEFORE 8/8/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $395)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUL -3 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 724449 **(4)**

1. Corporation Name

OKALOOSA-WALTON CHILD CARE SERVICES, INC.

Principal Place of Business	Mailing Address
107 TUPELO AVENUE P.O. BOX 2258 FT WALTON BEACH FL 32549	107 TUPELO AVENUE P.O. BOX 2258 FT WALTON BEACH FL 32549

3. Date Incorporated or Qualified: 09/28/1972
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-1434341 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **FILING FEE IS $61.25**
8. This corporation has assets, tax intangible for under s. 199.032 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

HAIGHT, KATHLEEN G.
107 TUPELO AVENUE
FT. WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	11 TITLE	SD	☒ Change ☐ Addition
NAME	EBEOGLU, SHERYL	12 NAME		
STREET ADDRESS	154 COUNTRY CLUB ROAD	13 STREET ADDRESS		
CITY ST ZIP	SHALIMAR FL	14 CITY ST ZIP	32579	
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	BOYDSTON, CRAIG J.	22 NAME		
STREET ADDRESS	704 TARPON LANE	23 STREET ADDRESS		
CITY ST ZIP	NICEVILLE FL	24 CITY ST ZIP	32578	
TITLE	PD	31 TITLE		☒ Change ☐ Addition
NAME	GRINSTED, PATRICIA	32 NAME		
STREET ADDRESS	156 COUNTRY CLUB ROAD	33 STREET ADDRESS		
CITY ST ZIP	SHALIMAR FL	34 CITY ST ZIP	32579	
TITLE	S	41 TITLE		☒ Change ☐ Addition
NAME	STRICKLAND, JANE	42 NAME		
STREET ADDRESS	107-B TUPELO AVE	43 STREET ADDRESS		
CITY ST ZIP	FT WALTON BCH FL	44 CITY ST ZIP	32547	
TITLE	VD	51 TITLE		☒ Change ☐ Addition
NAME	GUNTER, MARY K	52 NAME		
STREET ADDRESS	RT. 1, BOX 997	53 STREET ADDRESS		
CITY ST ZIP	NICEVILLE FL	54 CITY ST ZIP	32578	
TITLE	D	61 TITLE	TD	☐ Change ☒ Addition
NAME	CONGER, FLORA	62 NAME	Tracy Hudson	
STREET ADDRESS	RT. 7 BOX 46	63 STREET ADDRESS	1077 E. Hwy. 98	
CITY ST ZIP	DEFUNIAK SPRINGS FL	64 CITY ST ZIP	Destin, FL 32540	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia Grinsted Patricia Grinsted, President 6/28/95 (904)833-9330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

CR2E037 (3/95)

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Okaloosa-Walton Child Care Services, Inc.
1995 Corporation Annual Report

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Block 12 – "Attachment"

Additional DIRECTORS:

Evelyn Fox
950 Rue De Palm
Niceville, FL 32578

Susan Miller
418 Primrose Circle
Destin, FL 32541

Elena Roser
916 47th Street
Niceville, FL 32578

Anita Martin
22 McGriff Street
Ft. Walton Beach, FL 32548

Vivian Green
120 Lowery Place S.E.
Ft. Walton Beach, FL 32548

Virginia Green
921 Denton Blvd. Apt 1706
Ft. Walton Beach, FL 32547

Teresa Taylor
648 MWRSS/MWYD
404 North 7th Street
Eglin AFB, FL 32542

Flora Conger
P.O. Box 1341
DeFuniak Springs, FL 32433

Elaine Courtney
5479 Old Bethel Road
Crestview, FL 32536

Rachael Thomas
c/o Barnett Bank
P.O. Box 586
DeFuniak Springs, FL 32433