FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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: **07/03/1995**

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	XX DELETE	1.1 TITLE	P/D	☐ Change ☒ Addition
NAME	EBEOGLU, SHERYL		1.2 NAME	ROSER, ELENA	
STREET ADDRESS	154 COUNTRY CLUB ROAD		1.3 STREET ADDRESS	916 47th St	
CITY-ST-ZIP	SHALIMAR FL		1.4 CITY-ST-ZIP	Niceville, FL 32578	
TITLE	D	XX DELETE	2.1 TITLE	V/D	☐ Change ☒ Addition
NAME	BOYDSTON, CRAIG J.		2.2 NAME	MILLER, SUSAN	
STREET ADDRESS	704 TARPON LANE		2.3 STREET ADDRESS	418 Primrose Circle	
CITY-ST-ZIP	NICEVILLE FL		2.4 CITY-ST-ZIP	Destin, FL 32541	
TITLE	PD	XX DELETE	3.1 TITLE	S/D	☐ Change ☒ Addition
NAME	GRINSTED, PATRICIA		3.2 NAME	FOX, EVELYN	
STREET ADDRESS	156 COUNTRY CLUB ROAD		3.3 STREET ADDRESS	950 Rue de Palm	
CITY-ST-ZIP	SHALIMAR FL		3.4 CITY-ST-ZIP	Niceville, FL 32578	
TITLE	S	XX DELETE	4.1 TITLE	T/D	☐ Change ☒ Addition
NAME	STRICKLAND, JANE		4.2 NAME	COBBS, DANIEL	
STREET ADDRESS	107-B TUPELO AVE		4.3 STREET ADDRESS	137 Hospital Drive	
CITY-ST-ZIP	FT WALTON BCH FL		4.4 CITY-ST-ZIP	Ft Walton Beach, FL 32548	
TITLE	VD	XX DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	GUNTER, MARY K		5.2 NAME	GRINSTED, PATRICIA	
STREET ADDRESS	RT. 1, BOX 997		5.3 STREET ADDRESS	156 Country Club Rd	
CITY-ST-ZIP	NICEVILLE FL		5.4 CITY-ST-ZIP	Shalimar, Fl 32579	
TITLE	D	XX DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	CONGER, FLORA		6.2 NAME	EBEOGLU, SHERYL	
STREET ADDRESS	RT. 7 BOX 46		6.3 STREET ADDRESS	154 Country Club Rd	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL		6.4 CITY-ST-ZIP	Shalimar, FL 32579	

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)(k), 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 this 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: Elena Roser, President — 6 Feb 96 — (904) 833-9330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Signature — Date — Daytime Phone #

CR2E037 (12/95)