

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 724449

FILED
Jan 29, 2003
Secretary of State

Entity Name: OKALOOSA-WALTON CHILD CARE SERVICES, INC.

Current Principal Place of Business:

107 TUPELO AVENUE
FT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

PO BOX 2258
FORT WALTON BEACH, FL 32549

New Mailing Address:

FEI Number: 59-1434341

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DALY, JOHN J
107 TUPELO AVENUE
FT. WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MILLER, SUSAN
Address: 418 PRIMROSE CIRCLE
City-St-Zip: DESTIN, FL 32541

Title: VD (X) Delete
Name: FEDONCZAK, TERRI W
Address: 360 JASMINE AVE
City-St-Zip: VALPARAISO, FL 32580

Title: SD () Delete
Name: FOX, EVELYN
Address: 221 HOSPITAL DRIVE
City-St-Zip: FT WALTON BCH, FL 32548

Title: TD () Delete
Name: WOLLARD, MARIBETH
Address: 45 BEAL PARKWAY
City-St-Zip: FT WALTON BEACH, FL 32549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: FEDONCZAK, TERRI W
Address: 360 JASMINE AVE
City-St-Zip: VALPARAISO, FL 32580

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TERRI W. FEDONCZAK

PD

01/29/2003

Electronic Signature of Signing Officer or Director

Date