

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N30934 (6)  
1. Corporation Name  
THE OAK SCHOOL OF DELRAY BEACH, INC.



Principal Place of Business Mailing Address  
% PHILIP M. SPRINKLE, II  
777 S FLAGLER DR STE 900  
W. PALM BEACH FL 33401-3169

3. Date Incorporated or Qualified 02/28/1989  
3a. Date of Last Report 05/01/1996  
4. FEI Number 65-0144766  
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

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

9. Name and Address of Current Registered Agent  
SPRINKLE, PHILIP M., II  
777 S. FLAGLER DR  
SUITE 900  
W. PALM BEACH FL 33401

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE DELETED  
NAME ROMFH, NANCY, A  
STREET ADDRESS 3261 HOYLAK RD  
CITY-ST-ZIP LAKE WORTH FL  
TITLE DELETED  
NAME MOUW, CATHERINE  
STREET ADDRESS 1231 VISTA DEL MAR DR  
CITY-ST-ZIP DELRAY BEACH FL  
TITLE DELETED  
NAME MOUW, ARMAND  
STREET ADDRESS 1231 VISTA DEL MAR DR  
CITY-ST-ZIP DELRAY BEACH FL  
TITLE DELETED  
NAME ROMFH, ELISABETH, R  
STREET ADDRESS 8643 S 45TH ST  
CITY-ST-ZIP LAKE WORTH FL  
TITLE DELETED  
NAME ROMFH, JULES  
STREET ADDRESS 8643 S 45TH ST  
CITY-ST-ZIP LAKE WORTH FL  
TITLE DELETED  
NAME LALANE, ROBERT  
STREET ADDRESS 832 SW 36TH AVE  
CITY-ST-ZIP BOYNTON BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE D Change Addition  
1.2 NAME Lalane, Monica  
1.3 STREET ADDRESS 832 SW 36th Street  
1.4 CITY-ST-ZIP Boynton Beach, Fl. 33435  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 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: *Elisabeth R. Romfh* ROMFH, ELISABETH R. Romfh 2-10-97 561-272-8415  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0039068

CR2E037 (9/96)