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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N30934

THE OAK SCHOOL OF DELRAY BEACH, INC.

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

2. Principal Place of Business

Mailing Address

2a. Mailing Address

26

% PHILIP M. SPRINKLE. II 777 S FLAGLER DR STE 900 W. PALM BEACH FL 33401-3169

FILED Mar 06, 1999 8:00 am § Secretary of State

03-06-1999 90030 021 ****61.25



Applied For

3. Date Incorporated or Qualifed

02/28/1989

4. FEI Number

| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 4. FEI Number | Ap | plied For |
|-------------------------|---|--|------------------------------|---|---|--|------------------------|
| 2 | | | | | 65-0144766 | . No | t Applicable |
| City & State | City & State City & State | | | | 5. Certificate of Status Desired | \$8.75 A | |
| Zíp | Country | | Country | - | 6. Election Campaign Financing | \$5.00 | May Be |
| 24 25 29 30 | | | 11 | | Trust Fund Contribution | Added t | |
| | 9. Name and Address of Curren | t Registered Agent | | | 10. Name and Address of New Registered | Agent | |
| | | | 81 | Name | • | | } |
| SPRINKLE, PHILIP M., II | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| 777 S. FLAGLER DR | | | | | | | |
| SUITE 900 | | | | 83 | | | |
| W. PALM BEACH FL 33401 | | | 84 | City | | 85 Zip (| Code |
| | | _ | 1 1 | • | <u> </u> | - _ | |
| office or t | egistered agent, or both, in the State m familiar with, and accept the obligat | of Florida, Such change was author ions of, Section 617.0503, Florida 9 | Statutes. | tne corporation | oration submits this statement for the purpose of on's board of directors. I hereby accept the appo | changing its intment as re | registered gistered |
| 12. | Signature, typed or printed name of registered agen OFFICERS AN | | tered Agent | i signature require | ADDITIONS/CHANGES TO OFFICERS AI | ND DIRECTO | RS IN 12 |
| TITLE | | BINCE OF TOTAL | 1,1 TITLE | | | Change | Addition |
| NAME | TD DONEL MANCY A | | 1.2 NAME | | • | | . |
| _ | ROMFH, NANCY, A | | | ADORESS | | | |
| STREET ADDRESS | 3261 HOYLAKE RD | | | i i | • | | ļ |
| CITY-ST-ZIP TITLE | LAKE WORTH FL | | 1.4 CITY-ST-ZIP | | | ☐ Change | ☐ Addition |
| | SD ACCUMA CATHERINE | | 2.2 NAME | | , | - •. | - |
| NAME | MOUW, CATHERINE | | 2.3 STREET | ADDDECC | | | J |
| STREET ADORESS | 1231 VISTA DEL MAR DR | | | - 1 | • | | ļ |
| CITY-ST-ZiP | DELRAY BEACH FL | | 2.4 CITY-ST-ZIP 3.1 TITLE | | | Change | Addition |
| TITLE | D AAOLINA ADMAAND | _ | 3.2 NAME | | 5 · · · · · · · · · · · · · · · · · · · | ~-···································· | |
| NAME : | MOUW, ARMAND | | 3.3 STREET | ADDDESS | | | 1 |
| STREET ADDRESS | 1231 VISTA DEL MAR DR | | | | | | |
| CITY-ST-ZIP TITLE | DELRAY BEACH FL | | 3.4. CITY-S 4.1 TTLE | 1-ZIP | | Change | Addition |
| NAME | POMEN CHEARETH D | | 4. 2 NAME | | • | | |
| STREET ADDRESS | ROMFH, ELISABETH, R 8643 S 45TH ST | i | 4.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | LAKE WORTH FL | | 4.4 CITY-S1 | - 1 | | | { |
| TITLE | DANE WORTH L | | 5.1 TITLE | | | Change | ☐ Addition |
| NAME | ROMFH, JULES |] ; | 5.2 NAME | | | | |
| STREET ADDRESS | | . | 5.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | LAKE WORTH FL | j, | 5.4 CITY-\$1 | r-zip | | • | _ \ |
| TITLE | D D | ☐ DELETE | 6.1 TITLE | | | Change | ☐ Addition |
| NAME | LALANE, ROBERT | 1 | 6.2 NAME | | · | , | [|
| STREET ADDRESS | | 1 | 6.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | BOYNTON BEACH FL | | 6.4 CITY-ST | r-zip | ٠. | | |
| 14. I hereby o | pertify that the information supplied with | h this filing does not qualify for the | exempti | on stated in S | Section 119.07(3)(i), Florida Statutes. I further ce | rtify that the i | nformation |

indicated on this annual report or supplied with this limit does not qualify not use assimption stated in 18.0 (0), it is not supplied with that it 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, with all other like empowered.

SIGNATURE:

561-272-8415