

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90038 014 \*\*\*\*61.25

24009487



01152004 Chg-NP CR2E037 (10/03)

**DOCUMENT # N30934**  
**1. Entity Name**  
 THE OAK SCHOOL OF DELRAY BEACH, INC.



**Principal Place of Business**  
 2515 N. SWINTON AVE  
 DELRAY BEACH, FL 33444

**Mailing Address**  
 2515 N. SWINTON AVE  
 DELRAY BEACH, FL 33444

|                                       |         |                           |         |
|---------------------------------------|---------|---------------------------|---------|
| <b>2. Principal Place of Business</b> |         | <b>3. Mailing Address</b> |         |
| Suite, Apt. #, etc.                   |         | Suite, Apt. #, etc.       |         |
| City & State                          |         | City & State              |         |
| Zip                                   | Country | Zip                       | Country |

**4. FEI Number**  
 65-0144766

Applied For  
 Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

SCHLICHTING, NANCY R ESQ  
 222 LAKEVIEW AVENUE  
 SUITE 400  
 W. PALM BEACH, FL 33401

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
 8643 S. 45th STREET

City LAKE WORTH FL Zip Code 33467

**8. 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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2004**

**9. Election Campaign Financing Trust Fund Contribution.**  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | TD                     | <input type="checkbox"/> Delete |
| NAME           | SCHLICHTING, NANCY R   |                                 |
| STREET ADDRESS | 3261 HOYLAKE RD        |                                 |
| CITY-ST-ZIP    | LAKE WORTH, FL 33463   |                                 |
| TITLE          | SD                     | <input type="checkbox"/> Delete |
| NAME           | MOUW, CATHERINE        |                                 |
| STREET ADDRESS | 1231 VISTA DEL MAR DR  |                                 |
| CITY-ST-ZIP    | DELRAY BEACH, FL 33463 |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | MOUW, ARMAND           |                                 |
| STREET ADDRESS | 1231 VISTA DEL MAR DR  |                                 |
| CITY-ST-ZIP    | DELRAY BEACH, FL 33463 |                                 |
| TITLE          | PD                     | <input type="checkbox"/> Delete |
| NAME           | ROMFH, ELIZABETH R     |                                 |
| STREET ADDRESS | 8643 S 45TH ST         |                                 |
| CITY-ST-ZIP    | LAKE WORTH, FL 33463   |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | ROMFH, JULES           |                                 |
| STREET ADDRESS | 8643 S 45TH ST         |                                 |
| CITY-ST-ZIP    | LAKE WORTH, FL 33463   |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

**12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

SIGNATURE: Elisabeth R. Romfh Date: 2-6-04 Daytime Phone #: 561-272-8415