


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 08:00 AM
Secretary of State

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



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

DO NOT WRITE IN THIS SPACE



01182005 No Chg-NP CR2E037 (10/03)

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
8643 S 45TH STREET
LAKE WORTH, FL 33467

DO NOT WRITE IN THIS SPACE

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's signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------|
| TITLE | TD |
| NAME | SCHLICHTING, NANCY R |
| STREET ADDRESS | 3261 HOYLAKA RD |
| CITY-ST-ZIP | LAKE WORTH, FL 33463 |
| TITLE | SD |
| NAME | MOUW, CATHERINE |
| STREET ADDRESS | 1231 VISTA DEL MAR DR |
| CITY-ST-ZIP | DELRAY BEACH, FL 33463 |
| TITLE | D |
| NAME | MOUW, ARMAND |
| STREET ADDRESS | 1231 VISTA DEL MAR DR |
| CITY-ST-ZIP | DELRAY BEACH, FL 33463 |
| TITLE | PD |
| NAME | ROMFH, ELIZABETH R |
| STREET ADDRESS | 8643 S 45TH ST |
| CITY-ST-ZIP | LAKE WORTH, FL 33463 |
| TITLE | D |
| NAME | ROMFH, JULES |
| STREET ADDRESS | 8643 S 45TH ST |
| CITY-ST-ZIP | LAKE WORTH, FL 33463 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

1100000200166
 01/28/05-80018-001 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Elizabeth R. Romfh Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR