


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90032 012 \*\*\*\*61.25

<b>DOCUMENT # N30934</b>							
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				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	01132006 Chg-NP CR2E037 (11/05)			
4. FEI Number 65-0144766			<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/>			<input type="checkbox"/> \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
SCHLICHTING, NANCY R ESQ 8643 S 45TH STREET LAKE WORTH, FL 33467			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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)							
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>			
<b>Make check payable to Florida Department of State</b>							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SCHLICHTING, NANCY R		NAME				
STREET ADDRESS	3261 HOYLAK RD		STREET ADDRESS	8643 S 45th Street			
CITY-ST-ZIP	LAKE WORTH, FL 33463		CITY-ST-ZIP	LAKE WORTH FL 33467			
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MOUW, CATHERINE		NAME				
STREET ADDRESS	1231 VISTA DEL MAR DR		STREET ADDRESS				
CITY-ST-ZIP	DELRAY BEACH, FL 33463		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MOUW, ARMAND		NAME				
STREET ADDRESS	1231 VISTA DEL MAR DR		STREET ADDRESS				
CITY-ST-ZIP	DELRAY BEACH, FL 33463		CITY-ST-ZIP				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ROMFH, ELIZABETH R		NAME				
STREET ADDRESS	8643 S 45TH ST		STREET ADDRESS				
CITY-ST-ZIP	LAKE WORTH, FL 33463		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ROMFH, JULES		NAME				
STREET ADDRESS	8643 S 45TH ST		STREET ADDRESS				
CITY-ST-ZIP	LAKE WORTH, FL 33463		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Elizabeth R. Romfh</i>			Date: 2-9-06 561-272-8415				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #				