


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 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**



04032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

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

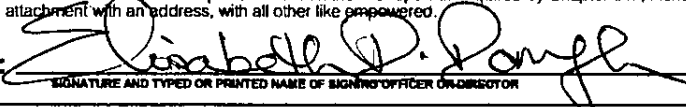
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHLICHTING, NANCY R 8643 S 45TH ST LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOUW, CATHERINE 1231 VISTA DEL MAR DR DELRAY BEACH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOUW, ARMAND 1231 VISTA DEL MAR DR DELRAY BEACH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROMFH, ELIZABETH R 8643 S 45TH ST LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMFH, JULES 8643 S 45TH ST LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000692354
 04/13/07-80050-006 61.25

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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:  **4/3/07** **561-272-8415**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #