

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# N30934

Entity Name: THE OAK SCHOOL OF DELRAY BEACH, INC.

Current Principal Place of Business:

2515 N. SWINTON AVE
DELRAY BEACH, FL 33444

New Principal Place of Business:

721 CABLE BEACH LANE
NORTH PALM BEACH, FL 33410

Current Mailing Address:

2515 N. SWINTON AVE
DELRAY BEACH, FL 33444

New Mailing Address:

721 CABLE BEACH LANE
NORTH PALM BEACH, FL 33410

FEI Number: 65-0144766 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SCHLICHTING, NANCY R ESQ
8643 S 45TH STREET
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

SCHLICHTING, NANCY R ESQ
721 CABLE BEACH LANE
NORTH PALM BEACH, FL 33410 US

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.

SIGNATURE: NANCY SCHLICHTING

04/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: SCHLICHTING, NANCY R
Address: 8643 S 45TH ST
City-St-Zip: LAKE WORTH, FL 33467

Title: SD () Delete
Name: MOUW, CATHERINE
Address: 1231 VISTA DEL MAR DR
City-St-Zip: DELRAY BEACH, FL 33463

Title: D () Delete
Name: MOUW, ARMAND
Address: 1231 VISTA DEL MAR DR
City-St-Zip: DELRAY BEACH, FL 33463

Title: PD () Delete
Name: ROMFH, ELIZABETH R
Address: 8643 S 45TH ST
City-St-Zip: LAKE WORTH, FL 33463

Title: D () Delete
Name: ROMFH, JULES
Address: 8643 S 45TH ST
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: SCHLICHTING, NANCY R
Address: 721 CABLE BEACH LANE
City-St-Zip: NORTH PALM BEACH, FL 33410

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: ROMFH, ELIZABETH R
Address: 721 CABLE BEACH LANE
City-St-Zip: NORTH PALM BEACH, FL 33410

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH R ROMFH

PD

04/07/2009

Electronic Signature of Signing Officer or Director

Date