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Mar 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **716682** (0)  
1. Corporation Name  
**THE OAKS SCHOOL, INC.**



Principal Place of Business <b>455 N. WILSON AVENUE BARTOW FL 33830-3955</b>	Mailing Address <b>455 N. WILSON AVENUE BARTOW FL 33830-3955</b>
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3. Date Incorporated or Qualified **06/09/1969** 3a. Date of Last Report **02/28/1996**

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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4. FEI Number <b>59-1270114</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MCKINLEY, RICHARD A. 212 E. MAIN ST. BARTOW FL 33830</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Richard A. McKinley* 3/17/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD</b> <input checked="" type="checkbox"/> DELETE <b>DAWSON, MARSHA</b> <b>6930 BROKEN ARROW TRAIL</b> <b>LAKELAND FL 33813</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD</b> <input checked="" type="checkbox"/> DELETE <b>GIBSON, DEANNA</b> <b>MCCOY RD. LAKE BUFFUM</b> <b>BARTOW FL 33830</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> <input checked="" type="checkbox"/> DELETE <b>MCKINLEY, RICHARD</b> <b>212 E MAIN ST</b> <b>BARTOW FL 33830</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>CTr</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Waldron, Susan</b> <b>15 Lake Arrowhead Dr.</b> <b>Winter Haven, FL 33880</b>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<b>TTr</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Spinosa, Frank</b> <b>1196 Hermosa Ave., East</b> <b>Bartow, FL 33830</b>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<b>STr</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Wright, Janet</b> <b>4400 Hwy 98, East</b> <b>Fort Meade, FL 33841</b>
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard A. McKinley* (941) 533-1147  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0053494

CR2E037 (9/96)