


FILE NOW: FILING FEE IS \$61.25

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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **716682** (0)
1. Corporation Name
THE OAKS SCHOOL, INC.



Principal Place of Business 455 N. WILSON AVENUE BARTOW FL 33830-3955	Mailing Address 455 N. WILSON AVENUE BARTOW FL 33830-3955
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3. Date Incorporated or Qualified 06/09/1969
4. FEI Number 59-1270114
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**MCKINLEY, RICHARD A.
212 E. MAIN ST.
BARTOW FL 33830**

10. Name and Address of New Registered Agent
81 Name Robert Griffin
82 Street Address (P.O. Box Number is Not Acceptable) 341 W. Davidson Street
83
84 City Bartow
85 Zip Code FL 33831-1906

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 *[Signature]* **Chairman, Board of Trustees** DATE **2-17-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	CTR	<input checked="" type="checkbox"/> DELETE
NAME	WALDREON, SUSAN	
STREET ADDRESS	15 LAKE ARROWHEAD DR	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	TTR	<input type="checkbox"/> DELETE
NAME	SPINOSA, FRANK	
STREET ADDRESS	1198 HERMOSA AVE EAST	
CITY-ST-ZIP	BARTOW FL	
TITLE	STR	<input checked="" type="checkbox"/> DELETE
NAME	WRIGHT, JANET	
STREET ADDRESS	4400 HWY 98 EAST	
CITY-ST-ZIP	FT MEADE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	VTR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Oakley, Andy	
1.3 STREET ADDRESS	170 W. Valencia Drive	
1.4 CITY-ST-ZIP	Bartow, FL 33830	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	STR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Walker, Karen	
3.3 STREET ADDRESS	2100 Dynamite Road	
3.4 CITY-ST-ZIP	Bartow, FL 33830	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: *[Signature]* DATE **2/16/98** **(941) 603-4004**
Signature, typed or printed name of chairman, officer or director

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