

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716682

FILED
Jan 05, 2005
Secretary of State

Entity Name: THE OAKS SCHOOL, INC.

Current Principal Place of Business:

455 N. WILSON AVENUE
BARTOW, FL 338303955

New Principal Place of Business:

Current Mailing Address:

455 N. WILSON AVENUE
BARTOW, FL 338303955

New Mailing Address:

FEI Number: 59-1270114

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELFLOWER, ELSPETH
230 S. ORANGE AVE.
BARTOW, FL 33830 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: WALKER, KAREN
Address: 2100 DYNAMITE RD
City-St-Zip: BARTOW, FL 33830

Title: PT () Delete
Name: HOLCOMB, LINDA
Address: 665 FOREST DRIVE
City-St-Zip: BARTOW, FL 33830

Title: VT () Delete
Name: SHARP, MARK
Address: 1610 TATE AVE.
City-St-Zip: BARTOW, FL 33830

Title: ST () Delete
Name: ADELSTEIN, HEATHER
Address: 5051 IRONWOOD TRAIL
City-St-Zip: BARTOW, FL 33830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: BOREN, PRISCILLA
Address: 1176 DELA PALMA AVE.
City-St-Zip: BARTOW, FL 33830

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ELSPETH BELFLOWER

MS.

01/05/2005

Electronic Signature of Signing Officer or Director

Date