FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 14 1997 8:00am

Secretary of State

<u>(904)833-9330</u>

resident

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

SIGNATURE:

724449

(4)

OKALOOSA-WALTON CHILD CARE SERVICES, INC.

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Principal Place	of Business	Mailing Address			t inditi ilaik itais giali atai atai	DIÆ IBIL DIBIL A	THE MENT MINIT	HOLL BIRTH HOLL	
107 TUPELO AVENUE P.O. BOX 2258 FT WALTON BEACH FL 32549 107 TUPELO AVENUE P.O. BOX 2258 FT WALTON BEACH FL 32549 107 TUPELO AVENUE P.O. BOX 2258 FT WALTON BEACH FL 325									
				3		3. Date Incorporated or Qualified 3a. Date of Last Report 09/28/1972 02/13/1996			
2. Principal Pl	ace of Business	2a. Mailing Address		***************************************	4. FEI Number			plied For	
л		26			59-1434341	Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	sired			
City & State)	City & State			6. Election Campaign Financing		\$5.00	May Be	
23		28			Trust Fund Contribution		Added (to Fees	
Zip	Country	Zip	 	untry	8. This corporation has liability for			199.032	
24	25	29	30	1	Florida Statutes	Yes			
	9. Name and Address of Current	Hegistered Agent		81 Name	10. Name and Address of New I	registered	Agent		
				I IVanie	•				
HAIGHT, KATHLEEN G.				82 Street	ddress (P.O. Box Number is Not Acceptable)				
107 TUPELO AVENUE				83					
FI. WAL	TON BEACH FL 32548								
				84 City		FL	65 Zip (Code	
44 Dura cont	to the area is one of Continue 617 0500	and 617 1500 Florida Crat.	the the e	haus names	d account of the state of the s	-	s Labonalna it	a raniatarad	
office or re	egistered agent, or both, in the State	of Florida. Such change was	authorize	d by the cor	d corporation submits this statement for the poration's board of directors. I hereby acc	ept the app	changing it pointment as	registered	
agent. I a	m familiar with, and accept the obliga	tions of, Section 617.0503, F	lorida Sta	tutes.					
SIGNATURE .	Signature, typed or printed name of registered agen	t and tille if applicable /NO	TF: Bonistere	d Agent eignebu	e required when reinstating)	DATE			
12.	OFFICERS AND		13.	A Lifetit Affreit	ADDITIONS/CHANGES TO OF		DIRECTOR	S IN 12	
TITLE	PD	DELETE	1.1 T	ITLE			Change	Addition	
NAME	ROSER, ELENA		1.2 N	IAME					
STREET ADDRESS	916 47TH ST		1.3 \$	TREET ADDRESS					
CITY-ST-ZIP	NICEVILLE FL		1.4 C	ITY-ST-ZIP					
TATLE	VD	X DELETE	2.1 T		ın		Change	Addition	
NAME	MILLER, SUSAN		2.2 N	IAME	VD				
STREET ADDRESS	418 PRIMROSE CIR		2.3 \$	TREET ADDRESS	Green, Virginia				
CITY-ST-ZIP	DESTIN FL		2.40	CITY-ST-ZIP	921 Denton Blvd, Apt				
TITLE	SD	☐ DELETE	3.1 T	ITLE	Fort Walton Bch, FL	32347	☐ Change	Addition	
NAME	fox, evelyn		3.2 N	IAME					
STREET ADDRESS	950 RUE DE PALM		3.3 \$	TREET ADDRESS	·				
CHTY-ST-ZIP	NICEVILLE FL		3.4. (CITY-ST-ZIP		·····			
TITLE	TD	☐ DELETE	4.1 7				Change	Addition	
NAME				NAME					
STREET ADDRESS				TREET ADDRESS					
CITY-ST-ZIP	~~ <u> </u>	T active		STY-ST-ZIP				4.0300	
		ריין הדרדוך					∟ ∪nangé	LLI ADDITION	
1									
		☐ nci ctc			<u> </u>		Change	Addition	
	-	☐ DECEIE					- OHANDE	☐ 7 000000	
11 Ldo baral	ov cortifu that the information cumplier	with this filing does not oue	lify for the	evenntion	stated in Section 119 07(3)(i) Florida State	ites. I furthe	r certify that	the	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBBS, DANIEL 137 HOSPITAL DR FT WALTON BCH FL D GRINSTED, PATRICIA 156 COUNTRY CLUB RD SHALIMAR FL D EBEOGLU, SHERYL 154 COUNTRY CLUB RD SHALIMAR FL Dy certify that the information supplied in indicated on this annual report or s ficer or director of the corporation of n Block 12 or Block 13 if physical or	DELETE DELETE With this filing does not qua perplemental annual report is the sective or trustee empo	4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C 6.1 T 6.2 N 6.3 S	THEET ADDRESS THY-ST-ZIP THEET ADDRESS THY-ST-ZIP THEET ADDRESS THY-ST-ZIP THEET ADDRESS THY-ST-ZIP THEET ADDRESS		ites. I furthe gal effect a a Statutes; a	Change Change Change er certify that is if made un and that my of	Addition Addition Addition the coath; the coath; the name	