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FILED

Feb 14 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **724449** (4)
1. Corporation Name
OKALOOSA-WALTON CHILD CARE SERVICES, INC.

Principal Place of Business

Mailing Address

**107 TUPELO AVENUE
P.O. BOX 2258
FT WALTON BEACH FL 32549****107 TUPELO AVENUE
P.O. BOX 2258
FT WALTON BEACH FL 32549-2258**

3. Date Incorporated or Qualified

09/28/1972

3a. Date of Last Report

02/13/1996

2. Principal Place of Business

2a. Mailing Address

21**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**25****29****30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAIGHT, KATHLEEN G.
107 TUPELO AVENUE
FT. WALTON BEACH FL 32548****81** Name**82** Street Address (P.O. Box Number is Not Acceptable)**83****84** City**FL****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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS**13.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	ROSER, ELENA	916 47TH ST	NICEVILLE FL	<input type="checkbox"/>
VD	MILLER, SUSAN	418 PRIMROSE CIR	DESTIN FL	<input checked="" type="checkbox"/>
SD	FOX, EVELYN	950 RUE DE PALM	NICEVILLE FL	<input type="checkbox"/>
TD	COBBS, DANIEL	137 HOSPITAL DR	FT WALTON BCH FL	<input type="checkbox"/>
D	GRINSTED, PATRICIA	156 COUNTRY CLUB RD	SHALIMAR FL	<input type="checkbox"/>
D	EBEOGLU, SHERYL	154 COUNTRY CLUB RD	SHALIMAR FL	<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
VD	Green, Virginia	921 Denton Blvd, Apt 1706	Fort Walton Bch, FL 32547	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 for or an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF CORPORATION
Roser, President

(904) 833-9330

CR2E037 (9/96)