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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 724449

1. Corporation Name

OKALOOSA-WALTON CHILD CARE SERVICES, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

09/28/1972

4. FEI Number

59-1434341

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**HAIGHT, KATHLEEN G.
107 TUPELO AVENUE
FT. WALTON BEACH FL 32548**

10. Name and Address of New Registered Agent

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

TITLE ☒ DELETE
NAME **VD WILLIAMS, CAROLANE D**
STREET ADDRESS **100 COLLEGE BLVD**
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE ☒ DELETE
NAME **PD GREEN, VIRGINIA**
STREET ADDRESS **921 DENTON BLVD APT 1706**
CITY-ST-ZIP **FORT WALTON BCH FL 32547**

TITLE ☐ DELETE
NAME **SD FEDONCZAK, TERRI W**
STREET ADDRESS **360 JASMINE AVE**
CITY-ST-ZIP **VALPARAISO FL 32580**

TITLE ☐ DELETE
NAME **TD HILLS, KELLY C**
STREET ADDRESS **P O BOX 5438 N/A**
CITY-ST-ZIP **DESTIN FL 32540**

TITLE ☐ DELETE
NAME **D GRINSTED, PATRICIA**
STREET ADDRESS **156 COUNTRY CLUB RD**
CITY-ST-ZIP **SHALIMAR FL**

TITLE ☐ DELETE
NAME **D ROSER, ELENA**
STREET ADDRESS **916 47TH ST**
CITY-ST-ZIP **NICEVILLE FL 32578**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **PD COBBS, DANIEL**
1.3 STREET ADDRESS **137 HOSPITAL DRIVE**
1.4 CITY-ST-ZIP **FORT WALTON BEACH, FL 32547**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **VD MILLER, SUSAN**
2.3 STREET ADDRESS **418 PRIMROSE CIRCLE**
2.4 CITY-ST-ZIP **DESTIN, FL 32541**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **TD HILL, KELLY C.**
4.3 STREET ADDRESS **348 SW MIRACLE STRIP PKWY**
4.4 CITY-ST-ZIP **FORT WALTON BEACH, 32548**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 with all other like empowered.

SIGNATURE:

DANIEL COBBS, Pres. 1-11-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(850)833-9330

CR2E037 (11/98)