

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 04, 2002 8:00 am**  
**Secretary of State**

09-04-2002 90087 032 \*\*\*\*61.25

**DOCUMENT # 724449**

1. Entity Name

**OKALOOSA-WALTON CHILD CARE SERVICES, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**107 TUPELO AVENUE**

Suite, Apt. #, etc.

3. Mailing Address  
**P.O. BOX 2258**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**FORT WALTON BEACH, FL**

Zip  
**32548**

Country  
**USA**

City & State  
**FORT WALTON BEACH, FL**

Zip  
**32549**

Country  
**USA**

4. FEI Number  
**59-1434341**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**JOHN J. DALY**

Street Address (P.O. Box Number is Not Acceptable)

**107 TUPELO AVENUE**

City  
**FORT WALTON BEACH**

**FL**

Zip Code  
**32548**

8. 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

**JOHN J. DALY, CEO**

**August 21, 2002**

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

**FEE IS \$61.25  
Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
Susan Miller  
418 Primrose Circle, Destin, FL 32541**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VD  
Terri Fedonczak  
360 Jasmine Ave, Valparaiso, FL 32580**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SD  
Evelyn Fox  
221 Hospital Drive, Ft Walton Beach FL 32548**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TD  
Maribeth Wollard  
45 Beal Pkwy, Ft Walton Beach, FL 32549**

TITLE  
NAME  
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

TITLE  
NAME  
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

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**John J Daly, CEO**

**August 21 2002**

**(850) 833-9330**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)