

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 12, 2004  
Secretary of State**

DOCUMENT# 724449

Entity Name: OKALOOSA-WALTON CHILD CARE SERVICES, INC.

**Current Principal Place of Business:**

107 TUPELO AVENUE  
FT WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2258  
FORT WALTON BEACH, FL 32549

**New Mailing Address:**

FEI Number: 59-1434341      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DALY, JOHN J  
107 TUPELO AVENUE  
FT. WALTON BEACH, FL 32548      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: VD ( ) Delete  
Name: FEDONCZAK, TERRI W  
Address: 360 JASMINE AVE  
City-St-Zip: VALPARAISO, FL 32580

Title: SD ( ) Delete  
Name: FOX, EVELYN  
Address: 221 HOSPITAL DRIVE  
City-St-Zip: FT WALTON BCH, FL 32548

Title: TD ( ) Delete  
Name: WOLLARD, MARIBETH  
Address: 45 BEAL PARKWAY  
City-St-Zip: FT WALTON BEACH, FL 32549

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: FEDONCZAK, TERRI W  
Address: 360 JASMINE AVE  
City-St-Zip: VALPARAISO, FL 32580

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

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

Title: VD ( ) Change (X) Addition  
Name: TENCZAR, GARY  
Address: 1000 NW MAR WALT DR  
City-St-Zip: FT WALTON BEACH, FL 32547

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: TERRI W. FEDONCZAK

PD

01/12/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date